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**The role of religious beliefs and practice in the lives of older men in residential
nursing homes: a case study of the role of Islam in nursing homes in Saudi
Arabia and the implications for policy and practice**

by

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**A thesis submitted in fulfilment of the requirements for the degree of Doctor of
Philosophy in Social Work**

University of Warwick, School of Health and Social Studies

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DECLARATION

In accordance with the University of Warwick's Guidelines on the Presentation and Examination of the thesis, I wish to declare that this work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree. This thesis is the result of my own investigations, except where otherwise stated. Other sources are acknowledged by giving explicit references. A bibliography is appended.

I hereby give consent for my thesis, if accepted, to be available for photocopying and for inter-library loan, and for the title and summary to be made available to outside organisations.

This work is dedicated to the living memory of my late father, Saud Al Shareef

ABSTRACT

Increasing attention in the social science literature, particularly within the sociology of religion, psychology and gerontology is being given to the role of religion in the lives of older people. Moreover, research has repeatedly identified religion as a significant coping resource throughout human life. Through the use of the biographical narrative method of interviewing, and the subsequent thematic analysis of the data, this study focuses on the role of religious beliefs and practices in the life experiences of older men in two selected Saudi nursing homes. The research demonstrates the positive influence of religion on adjustment processes in later life in general and specifically on adjusting to life in a nursing home. The study shows that religion serves as an important thread of integration in older men's lives. As they grew older, the respondents in this research had become more religious and more involved in religious practices. The study found that religion was an important dimension in their everyday life. All of them had integrated religious beliefs and practices into their lives to help them respond positively to the difficulties which they experienced. Above all, they strongly believed that leading a religious (Islamic) life was their duty as Muslims and this would also lead to their being rewarded by God in the Hereafter, as they believed that a truly happy life would come after death. Based upon its findings, the study highlights the need to acknowledge the importance of religion in the social care provision for older people in Saudi Arabia, for example, in counselling, in social work provision in general and within residential homes for older men in particular.

GLOSSARY

Allah	Arabic name for God
Al-jazira al-‘arabiyya	The Arabian Peninsula.
Dīn	Religion
Fatwa (Pl. fatawa)	Religious opinion issued by religious experts
Fiqh	Islamic jurisprudence
Hajj	Pilgrimage to Makkah
Imam	Prayer leader/leader of Muslim.
Iman	Faith
Ijtihad	Consensus
Ka‘ba	The House of Allah in Makkah.
Medina	The city of the Prophet Mohammed
Qadar	Destiny
Qiyas	Analogy
Rak‘ah	A unit of prayer
Ṣalah	Prayer
Salam	Peace
Ṣari‘a	Islamic Law
Ṣiyam	Fasting
Sura	Chapter in the Qur’an
Sunna	The teachings of the Prophet Mohammed
Tawḥīd	Doctrine of the oneness of God/unification
‘Ulama (sing. Alim)	Religious scholars
Umma	Muslim community
Waqf (pl. awaqaf)	Religious endowment
Zakat	Alms giving in Islam.

Notes on transliteration

The system employed for transliterating Arabic letters into the English language is the one which is used by the Department of Theology, University of Birmingham. It shares most of the features of the system adopted by the Encyclopedia of Islam and the *Journal of Arabic and Islamic Studies*, which is published by the University of Edinburgh.

I have attempted to be as consistent as possible. A problem, however, arises from quoting sources which used a different scheme or did not use one at all. I considered it incorrect to adjust such quotations, and I hope that this will not cause confusion to the reader. Proper names with a Standard English spelling (e.g. Riyadh and Islam) will be spelled in that way, with the exception of Makkah (Mecca). The complete scheme can be found in Appendix F.

CHAPTER ONE

Introduction

Introduction

This chapter introduces the research topic. It identifies the content of the research, the rationale, the central questions, the reasons for undertaking the study, the significance of the study, the study's aims and objectives and the definition of key terms. The chapter also provides background information on Saudi Arabia and concludes by outlining the organisation of the chapters in the remainder of the thesis.

Content of the Research

Saudi Arabia has experienced and is still experiencing, comprehensive development in all aspects of life. It is one of the countries which took advantage of its natural resources, such as oil, to develop itself. The rapid social change brought about by the discovery and exploitation of oil has resulted in urbanisation. The extended family structure, based on tribal or village life, with the head of the household owning land or flocks, has been replaced for many by nuclear families earning their living through wage labour. Nowadays, Saudi society is more urbanised and richer; however, this rapid social change has benefited some but not others (Cordesman and Burke, 2002).

According to the report of the Second World Assembly on Ageing, which was held in Beirut from 5th to 8th February 2002, the changes in the economic and social framework of some Arab countries such as Saudi Arabia, are attributable to a number of internal factors, including urbanisation, technology transfer, the upsurge in education and various patterns of migration and to such external factors as globalisation in all its economic, technological and cultural dimensions. The report

adds that the traditional role of the family in caring for older persons has contracted as a result of such factors and of an increase in internal and social problems, which have limited the capacity of older persons to adapt to the latest developments. The various roles which older people were able to assume within and outside the family have diminished. Those factors have also had an impact on the effectiveness of social policies and programmes related to social and family care for older persons (United Nations, 2002)see also Urbanisation and Development, Chapter 3, below).

Also, owing to the higher standard of living and the provision and development of hospitals and health services, life expectancy has increased and older people with non-communicable diseases such as Alzheimer's, CVAs and chronic cardiovascular disease are living longer. There is an increasing number of frail older people. In countries such as Saudi Arabia, where improvements in the health and social status of the population has risen sharply in a short period of time, the growth in the number of older people is even more remarkable (Moufti, 2002). A report from the United Nations (2002) indicates that Arab countries including Saudi Arabia have seen an increase in life expectancy at birth from 55 in 1975 to 67 in 2000, a figure which is expected to increase yet further; namely, to more than 73 by 2025 and 76 by 2050. There are fundamental changes in the age structure of the population: there has been a sharp decrease in the percentage of children aged under 15 years, namely, from 42 percent in 1975 to 38 percent in 2000. It is expected that this percentage will have fallen to less than 29 percent by 2025. In tandem with this decrease, there has been a slow rise in the proportion of people aged 60 and above, from 5.4 percent in 1975 to 5.6 percent in 2000. However, this figure is expected to rise rapidly and to reach 8.9 percent by 2025. In terms of actual numbers, this percentage represents an absolute

increase in the number of older persons from 8.7 million in 1975 to 15.8 million in 2000 and the number is expected to rise to 41.6 million by 2025. The expected increase in the percentage of older people will, therefore, outstrip the increase in the total population, rising to 3.9 percent during the period 2000-2025, compared with an increase of 2.0 percent in the total population (United Nations, 2002).

In Saudi Arabia, most of the care of older people is provided by informal caregivers because there is still considerable depth of feeling against the institutionalisation of older people among some Saudis. They object on cultural grounds to the institutionalisation of long-term care facilities and their objection is said to be rooted in the religious requirement that Muslims should be kind to their older parents and relatives. For example, in his doctoral dissertation, Aba Al-Kheil wrote that it would be religiously condemnable and socially reprehensible for a son or daughter to send his/her parents to a nursing home instead of taking care of them at home (Aba Al-Kheil, 1988). In addition, Moufti points out that many Saudis would make the claim that attitudes toward institutionalisation of older people are so obviously negative that it did not require a study to confirm it (Moufti, 2002). This may explain the small number of older Saudis who live in nursing homes (Al-shammari and Al-subaie, 1999). Nevertheless, despite this small number, nursing home residence is not simply the result of a series of individual choices, but has developed out of the wider societal context.

Alnaim (2000) points out that some adult children or relatives live far away or are already over-committed with their own jobs and families. After a series of strokes, or when Alzheimer's disease becomes severe, an ageing parent may require more care

than some people can provide; nursing home residence may then be the only appropriate option because nursing homes have doctors, nurses, social workers and other professionals whose job is to provide older people with the required treatment or care (Alsadhan, 2000).

Moreover, Mufti (2002) emphasises that the evidence of pressure to limit the average length of stay in acute hospitals in the Kingdom of Saudi Arabia suggests that nursing homes are needed. He indicates that the proportion of Saudis living in urban areas has gone up to 80 percent; the pace of industrialisation has been intense, while female literacy has jumped from 37 percent in 1985 to 64.5 percent at present. These factors predict both the availability and the willingness of family caregivers. Mufti asserts that long-term care facilities, such as nursing home care for chronically ill older people in Saudi Arabia, are no doubt one way to reduce or eliminate the problem in acute hospitals of the long-term stay of older people, and, therefore, that nursing homes are required in the Kingdom, as in other countries with similar problems.

At the present time, societal changes have given a major impetus to the setting up of nursing homes in Saudi Arabia. The need for formal systems of long-term care continues to grow. For example, Moufti (2002) points out that an increase in the number of dependent older people, together with a change in societal structure from extended to nuclear families has resulted in a growth in the institutionalisation of older people. These smaller families are more mobile and more independent than the extended family was in the past. They are less able and/or prepared to care for older relatives than families were in the past (Alnaim, 2000).

The report of the Second World Assembly on ageing indicates that family-provided care for older people in Saudi Arabia and some other Arab countries is no longer as common as it was in the past and the psychological suffering and social isolation of older people has increased. Families have a dwindling economic capacity to meet the needs of older persons and family cohesion has suffered as a result of the exigencies of new social and economic conditions (United Nations, 2002). Consequently, some older people will spend the rest of their lives in nursing homes. However, the idea of living in these institutions, as Alhomaidy (2000) points out, is a very difficult one for Saudi's older people to accept, because they are from a generation which would have devoted their lives to serving their parents. They also come from families which used to care for their older and terminally ill members at home and would have rejected any intervention from outsiders.

Statement of the Research Topic and Research Questions

Although there is a growing relationship, as already indicated, between the changes which have occurred in Saudi society as a result of economic developments and the status of older people, the present study will not focus on this change. This thesis addresses issues relating to the role of Islamic beliefs and practices in the lives of older men in Saudi nursing homes. The research on which it draws was carried out through the use of principles derived from Wengraf's Biographic-Narrative-Interpretive Method, exploring in general the in-depth experiences of older men in nursing homes, with specific reference to the role of religion in their lives. In addition, observations and interviews with managers and social workers were used as sources of additional data.

For some Saudi older men, nursing homes can be associated with many losses, notably the loss of participation in religious and social activities. For example, they may no longer be able to go to a Mosque and join the congregation, except when the nursing home in which they live sets up a programme to allow this. It should be noted that, in general terms, the placement of an individual in a nursing home usually results from a decline in physical functioning, reduced ability to cope with life events, waning social support, depleted finances and stress (Commerford and Reznikoff, 1996)see also Participants' Reasons for Going to a Nursing Home, Chapter 7, below). Some nursing home residents may not have the chance to socialise as before with their relatives or friends. These impairments call for policy makers, both in nursing homes and in the academic field, to try to find ways of helping these people to cope with such changes in their lives (Moufti, 2002).

Nursing homes are set to become the mainstream form of long-term care in the future. However, the quality of care in nursing homes in Saudia Arabia may not yet have matured. As older people move into nursing homes, the question of the quality of life for them takes on an even more important role. Whatever the reason for a move to a nursing home, when older people are no longer able to manage their lives themselves they often feel as if they have given up their identity and lost the meaning of life and their connection with it. End-of-life issues confront persons at all points in the age continuum; however, the losses associated with later life, whether it be health, death of a spouse, retirement, giving up a home and possessions, or changing societal values and the effect upon self-esteem, can be overwhelming and devastating (Bickerstaff et al., 2003).

To date there have been few, if any, attempts to develop interventions directed toward the enhancement of older people's lives in Saudi nursing homes. Residents need a great deal of help in many aspects of their lives, whether psychological, social or physical, but the study of all these needs is beyond the scope of one research project. The focus of the present research will be on the investigation of religion and its role in the lives of older men. I am keen to discover the role of religious beliefs and practices in adjusting to life in a Saudi nursing home. Empirical data indicate that religion in general is an important factor in the lives of older people (Commerford and Reznikoff, 1996) see Chapter 2 for more details). Religion is expected to be particularly important in the life of many people in Saudi Arabia, because it is the birthplace of Islam and contains two of the most sacred sites of the Islamic world, Makkah and Medina.

As will be discussed in Chapter 2, religion, as a social force, has been studied by many scholars in social science, such as Durkheim (1951), who asserts that religion serves both a social and a mental health function. Not only is religious involvement an important social activity, but also those who believe in religion with clear lines of unquestioned religious authority are less likely to commit suicide than individuals who follow a religion which offers a less defined authority structure (Stuckey, 2001).

Moreover, developmental psychologists such as Erikson suggest that religion can have a positive role in helping older people to protect themselves against feelings of despair and loneliness and to develop a mature response to the problems associated with old age and the difficulties of adjustment to change (Erikson, 1982). In fact, in his theory of eight stages of human development, Erikson identifies the main direction

of old age as either the achieving of *wisdom* and *integrity* or the experience of despair. He argues that religious values and faith in general can help older people to have a more integrated personality, which can accommodate both personal and social change. He concludes that religion has a positive role to play in general in the lives of older people as they cope with the difficulties of old age. This thesis explores the role of religion in the lives of older men who are in Saudi nursing homes to see whether they use religion to respond to the challenges posed by the later stages of life. The role of religion in older people's lives in Saudi nursing homes has not been studied so far. Other studies of older people have been conducted in Saudi Arabia (see Chapter 3), most of which have provided information for the present study but they do not focus on the role of religion in old age.

The process of societal change gives rise to the question of the part played by religion in this process. Can religions maintain their influence in society during times of change? Many believe that the modern age, with its scientific and technological advances, will take the mystery out of religion and eventually lead to its demise (Al-Hedaithy, 1989). On the contrary, I think religion is showing no signs of being about to disappear. Religion appears, however, to be taking new forms and playing different roles in a contemporary world which is deeply ambivalent toward it (Hannabuss and Allard, 1994).

In social terms, as Kouj (1994) asserts, religious activities may bring people together and forge strong links through social relationships. However, illness, old age, separation from home settings and being confined to a nursing home may in some way negatively affect religious life. As will be discussed in Chapter 2, this research

takes up some important theoretical issues which have been advanced in the study of religion in the social sciences, looking in particular at the lives of older men. The present study approaches these important theoretical issues within an Islamic context.

Research Questions

Since this is considered an exploratory study, the following research questions were posed:

Question 1: What has been and what is the role of religious belief and practices in the lives of older men in Saudi nursing homes?

Question 2: Do older men in nursing homes maintain the current level of their religiosity or become more or less religious as they get older and why?

Question 3: How do they define and interpret being religious?

Question 4: How do they define their religious beliefs and what kind of religious practices are they engaged in? Why do they perform these religious practices?

Reasons for Undertaking the Study

The present study topic was chosen for the following reasons, among others:

Like any person who was raised by a religious family and lives in a holy city (Makkah), I learned that one of my religious duties is to treat older people with respect. I learned that older people are very important people in any society or community in which they live. I used to hear people saying “We need the wisdom of older people and the enthusiasm of young people”. Such experiences contributed to shaping my personality as I grew up. Subsequently, the needs of older people and responses to these needs have occupied a very important place in my thinking. Hence, when I had the chance to pursue higher education and develop some

knowledge about my field (social work), older people were the first people I thought about, especially those who were spending the rest of their lives in nursing homes.

Another incentive to choose this topic was the vast amount of research on older people which I found in the United States when I was studying for a Master's degree. Ever since I visited the United States, I have tried hard to learn more about older peoples' lives, no matter what their culture or religious background. The important thing for me has been to help enhance the quality of life for older people. Therefore, I have tried to take advantage of any chance given me to increase my knowledge about them. For example, during my Master's degree course, I used to attend as many classes or lectures as I could which were concerned with older people. I also tried to learn from people who were experts in this field or had an interest in older people. In addition, one of my internships during this course was with an agency which takes care of older people.

This experience gave me a wider view of the situations in which older people find themselves in different countries and encouraged me to carry out a study on the role of religion in their lives. However, I found it essential to think first of how to help the older people in my own country. In addition, I felt that older people and religion would be a very interesting area and would also allow me to make a valid contribution, because I practise my religion and seek to understand many of its features.

In addition to the points mentioned above, my practical experience in social work provided me with some understanding of the research topic. This understanding,

which stems from the current situation in the field, was in fact one of the motives prompting me to investigate this topic in order to generate data and findings which might add something to the research on social work and knowledge about older people in Saudi Arabia. To the best of my knowledge, the role of religion in older peoples' lives has not, so far, been the subject of adequate in-depth academic research in Saudi Arabia. This was another motive for me to undertake this study.

Creswell emphasises that when a researcher carries out interviews and shares the same cultural life as his/her respondents, it becomes possible to grasp the meaning of their verbal expressions and gestures, body language, silences, emotional expressions in their native cultural and linguistic context (Creswell, 2003). Living and working in Makkah means that one encounters and learns to deal with different people who come from different regions of the country and from other countries to make the pilgrimage. My experiences of working in different places and dealing with different people in Makkah City allowed me to understand the features which make people different, such as their dialects and costumes. This was also part of the motivation to carry out this study, as I assumed that I would not have a problem in understanding the language of the older people in the nursing homes which I visited.

The Significance of the Study

As the first attempt to investigate the role of religion in older men's lives in Saudi nursing homes, this study can be regarded as original in opening up this field of research in Saudi Arabia and, perhaps, in other Arab and Islamic countries. Since the society of Saudi Arabia, in its current state, is considered to be a developing society, it is hoped that the study will make a number of contributions. First, it will extend our

knowledge about the role of religious beliefs and practices which can affect older men's lives in Saudi nursing homes. Second, it may improve the counselling process in working with older men. Third, it may contribute to research aimed at improving the understanding of one aspect of Saudi Arabian society. In addition, it is hoped that this study will become a basis for further study by other Saudi professionals; especially female researchers who will be able to visit and interview older women.

Study Aims and Objectives

This study aims to inquire into the subjective experience of religious belief and practices among a selected group of older men in two nursing homes in Saudi Arabia, in an attempt to contribute to improving the quality of life for such men. Three main objectives can thus be formulated, based upon this general aim, as follows:

1. Exploration of the role of religious belief in older men's lives and the religious practices which they have engaged in throughout their childhood, early adulthood and their present lives.
2. Identification of the ways in which the participants use religious beliefs and practices when they face life stressors and the implications of these ways for their quality of life.
3. Investigation of the accounts of personal religious belief as narrated by the participants, i.e., their relationship with God, belief in life after death and feelings towards death; the ways in which religion shapes the personal lives of participants.

Definitions of Concepts

For the purpose of this study there are five basic concepts to define:

Religion

The belief in a being or essence beyond a human being's material existence/a supernatural power/God, a Being who is entitled to obedience and worship. The present research refers particularly to the Islamic religion which is the religion of Muslims, a monotheistic faith regarded as revealed through Mohammed as the Prophet of Allah. To be a Muslim means both to affirm and to individually surrender to God and to live as a member of a social community. Muslims perform prescribed acts of worship and strive to carry out good works in the community. For example, the expected duties (the Five Pillars of Islam) include profession of the faith in a prescribed form, observance of ritual prayer (five obligatory prayer sequences each day as well as non-obligatory prayer), giving alms to the poor, fasting during the month of Ramadan and performing the pilgrimage to Makkah. Prayer takes place in a Mosque led by an Imam; there is no organised priesthood, although respect is given to holy men and to the descendants of Mohammed.

Religious Practices

These refer to all Islamic religious practices, such as the obligatory prayers mentioned above, private prayers, reciting and listening to the Qur'an, watching religious programmes, fasting and praising or mentioning God.

Social Support

This refers to services and support received or provided by family and friends, nursing home caregivers, roommates, neighbours, residents or any other person who may

render services which may contribute to the welfare of the nursing home resident.

Quality of Life

The concept of the Quality of Life (QoL) has been defined and applied in a variety of ways over the past two decades (see Chapter 2).

In this study, quality of life is defined as a matter of subjective experience. That is to say, the concept has no meaning apart from what a person feels and experiences. People may experience the same circumstances differently. “One person may find his/her quality of life improved by something which does the reverse for another” (Taylor and Bogdan, 1990, pp. 34-35).

Older Men

This refers to men past middle age. The term as used in this research refers to males (see The Limitations of the Study, Chapter 5, below) who are 60 years or older and living in nursing homes in Saudi Arabia.

Saudi Arabia: A General Background

Saudi Arabia, officially named Al-Mamlaka Al-Arabiyya Al-Saudiyya or the Kingdom of Saudi Arabia, is a large Middle Eastern nation about three-quarters of which lies in the Arabian Peninsula. It covers about 2,149,690 square kilometres. The greatest distance is from north to south, 1,843 kilometres. It has 2,076 kilometres of coastline, 1,889 kilometres on the Red Sea and 549 kilometres on the Persian Gulf at an elevation of 3,133 metres above sea level. The country consists largely of dry barren land. There are no permanent rivers or other bodies of water in Saudi Arabia. Much of the country consists of vast deserts, but beneath the sand and rocks of Saudi

Arabia lie some of the world's largest oil deposits. Wealth from oil exports has made Saudi Arabia not only a leading economic power in the Middle East, but also the largest exporter of oil in the world. Its capital city is Riyadh.

The Saudi Central Department of Statistics estimated in 2001 that Saudi Arabia's total population in 2000 was 22.01 million. Some Saudis are of mixed ethnic origin and are descended from Turks, Iranians, Indonesians, Indians, Africans and others, most of whom arrived as pilgrims and made their homes in the Hijaz region along the Red Sea coast. Almost everyone in Saudi Arabia uses Arabic (the official language of the country). English is taught in secondary schools. Islam influences family relationships, education and many other aspects of life in Saudi Arabia. Most Saudis recite prayers five times a day. Other religious rituals include fasting during Ramadan, which is in the ninth month of the Muslim calendar. The country holds a place of special honour in the Muslim world. Each year more than two million Muslims from Saudi Arabia and other countries go to Makkah, the holy city of Islam, on a holy pilgrimage called the Hajj. The only non-Muslims in Saudi Arabia are foreigners (Saudi Arabian Monetary Agency, 2001; see the section on contemporary Saudi society in Chapter 3, below).

Arrangement of Chapters in the Study

After the present introductory chapter, the second chapter of this thesis will present a theoretical framework and a review of the relevant literature in the field of social and psychological studies of religion, ageing and the quality of life. The third chapter presents some similarities and differences between Saudi Arabia and other Arab countries, the establishment of the social services and Saudi nursing homes and a

review of the existing literature relating to older people in Saudi Arabia, particularly those in nursing homes. The fourth chapter will provide background information about Islam, including its meaning, its pillars and articles of belief, the place of older people in Islam and some background about Šari‘a (Islamic Law). The fifth chapter discusses the methodological framework of the study. The data are analysed in Chapters Six, Seven and Eight. In Chapter Nine, the overall findings of the study are discussed. Finally, the overall study conclusions and the implications of the study findings for the theory and practice of social work and policy, together with recommendations and suggestions for further studies, are presented in Chapter Ten.

CHAPTER TWO

Theoretical Bases of the Research

Introduction

The main focus of this study is on an investigation of the role of religious belief and practices in the lives of older men in residential homes. In this sense, the way in which religion is related to the general well-being of older people and their quality of life is an important concept for the study. Therefore, this chapter reviews the literature which explores the relationship between religion and older people's well-being and quality of life. These two areas of literature are the resources underpinning my thesis, because, as it will be shown in this chapter, many studies have found that religious faith and participation in religious activities are important components of quality of life for older people (Ball et al., 2000). The theoretical literature and available empirical evidence will be useful in terms of creating expectations about the role of religious beliefs and practices on the lives of the participants in the present study. In the first section of the chapter, definitions of these key concepts will be provided and in the second section the literature exploring the role of religion in the well-being and quality of life of older people will be reviewed. Because religious life also generates social support within the religiously-based community, the notion of social support will be briefly discussed. Finally, the chapter turns to some previous studies on older Muslims in Arab and non-Arab communities.

Quality of Life

Conceptualising Quality of Life

The concept of quality of life has been defined and explained in different ways, but there is no general agreement on a single definition. In this section, the concept of quality of life will be reviewed under a variety of definitions.

Philosophers have discussed for a long time the question of what constitutes a good life and how people should live in order to lead a good life. Quality of life as a notion is not new for the latter half of the twentieth century and beginning of the twenty-first century. Indeed, concepts of ‘living well’ and ‘the good life’ date back at least to the philosopher Aristotle (384-322 BC) (Smith, 2000). The term ‘quality of life’, however, is of more recent origin. Social scientists started to use it in the 1970s and since then there has been a growing interest in quality of life issues in different disciplines or fields, such as medicine, nursing, psychology and other healthcare areas (Evans, 1994; Sarvimaki and Hult, 2000).

Over the last ten years quality of life has emerged as a salient construct on academic and political agendas in many advanced industrialised nations. For instance, in Denmark, a Quality of Life Research Centre was established in 1994 to study the lives of more than 10,000 Danish persons. Similarly, in Canada, the Ministry of Health funded a national survey on the quality of life of Canadians. The concept of quality of life now underpins a significant amount of new social science research. Quality of life has been studied from the perspective of different disciplines, in particular that of research on ageing. In the United Kingdom, for example, the Economic and Social Research Council (ESRC), under its Growing Older Programme, has recently funded

24 projects examining older people in relation to issues of quality of life (Smith, 2000).

There are many explanations for this growing interest. One of them is the growing number of older people in the population. Increasing age can cause health problems and a decrease in functional capacity. This can lead to a growing number of people living with chronic diseases, health problems and decreasing capacity. For these patients the goal of their health care and social and psychological help cannot be complete freedom from problems or disease. What professionals can do, however, is to help patients to live as good a life as possible, despite their illnesses and decreasing capacities (Sarvimaki and Hult, 2000).

Quality of life as a concept has been defined and applied in a variety of ways over the past two decades. It is becoming increasingly important in the evaluation of different aspects of life, such as health, social and medical policy and medical and psychological intervention (Lingjiang et al., 1998). However, the term does not have a clear origin or a generally accepted definition, although it has a common-sense application and meaning (Szalai, 1980). Szalai indicates that the concept has several interesting attributes. For example, (1) it refers to human life only, (2) it is hardly ever used in the plural, (3) it is used as a single indivisible generic term whose meaning can be clarified and (4) it is difficult to classify into any discrete category of related social sciences. Some scholars put quality of life on a continuum; others argue that quality of life is a multidimensional concept encompassing social, psychological and physical domains (Birren et al., 1991).

Evans (1994) argues that the lack of a standard definition has led to the term 'quality of life' being used interchangeably with similar terms, such as 'level of living', 'way of life', 'life satisfaction', 'happiness' and 'morale'. The interchangeable use of such terms can be confusing. In spite of the diversity of concepts to measure quality of life, a number of authors have observed that there is high intercorrelation between them. This may be why there has been little effort to impose either empirical or theoretical order on the various constructs.

The definition of quality of life, as Drummond (2000) argues, is not without ambiguity: yet calls for the subjective meaning of the concept to be explicitly and empirically investigated have been largely ignored. Instead, most empirical effort related to research into quality of life has consisted of the development of instruments for measuring it according to various theoretical definitions, without first empirically and critically examining the appropriateness of these definitions.

Some researchers have made an effort to explain why there is no generally accepted definition of quality of life. For example, Romney et al. refers to three reasons for there being no single definition: (1) psychological processes relevant to the experience of quality of life can be described and interpreted through many different conceptual filters and languages; (2) the concept of quality of life is, to a considerable degree, value-laden; and (3) the concept of quality of life embodies the understanding of human growth and developmental processes, the average life span of individuals within their communities and the extent to which these psychological processes are influenced by environmental factors and individual value systems (Romney et al., 1994).

The disagreement and the lack of a standard definition of quality of life, however, have not prevented some researchers in the last decade from trying to define it by means of a range of philosophical and theoretical approaches. For example, Niv and Kreitler indicate that quality of life is commonly defined as an individual's perceptions of his or her position in life, in the context of the culture and value systems in which he or she lives and in relation to his or her goals, expectations, standards and concerns, or, in more general and operational terms, as the individual's perceptions of his or her functioning and well-being in different domains of life (Niv and Kreitler, 2001).

Drummond (2000), for his part, points out that the theoretical definitions of quality of life include 'needs-based', 'cognitive', 'utilitarian' and 'functional' explanations. The first conceptualises the experience of quality as being associated with the extent to which perceived needs are satisfied. However, need itself is a difficult term to define, as it may overlap want. For example, some people may need something which they do not want, as with food in the case of an anorexic, or want something which they do not need, as with the umpteenth car purchased by a billionaire (Ware and Goodin, 1990). The same authors add that, unlike wants, needs are not wholly subjective. Except under special circumstances, we usually assume that people themselves are the best judge of whether they want something or not. However, with needs, other people may be just as well placed, or even in a much better position, to decide that a specific person has a need for certain resources.

The "cognitive" approach sees the quality of life as being an outcome of the perceived discrepancy between the condition (or goals) to which people aspire and what they

actually experience. This approach to some extent prefigures general guidelines for determining value, while at the same time including the implication that needs and goals are closely related within the subjective experience (Drummond, 2000).

The “utilitarian” conceptualisation, according to Drummond, sees quality of life as an idealised experience of goodness or benefit, independent of pragmatic references to real life: this is not intended to be realistic, but rather to inform the theoretical understanding of the principles of decision-making. Identifying the need to develop the utilitarian model to include a greater range of aspects or attributes requires the adoption of what is called a ‘characteristics of people’ approach, which enables one to form relationships and have emotional experiences. Quality of life reflects shared views within society about how one ‘ought’ to be able to live: the relationship between a life of a certain quality and the things which inform and make up this level of quality is variable. The functional approach, in one sense, is the most satisfying: it is not very difficult to measure whether someone can do something (Drummond, 2000).

Diener and Suh (1997) indicate that there are three philosophical approaches to determining the quality of life. The first approach describes the characteristics of the good life which are dictated by normative ideals based on a religious, philosophical, or other system. For example, people might believe that the good life must include helping others because this is dictated by their religious principles and that the good life comes from rational thought. This approach to quality of life is most clearly related to the social indicators of tradition in the social sciences.

The second approach to defining the good life, according to Diener and Suh, is based on the satisfaction of preferences. Within the constraints of the resources which they possess, the assumption is that people will select those things which will most enhance their quality of life. Thus, in this tradition, the definition of the quality of life of a society is based on whether its citizens can obtain the things they desire. People select the best quality of life for themselves that is commensurate with their resources and their individual desires. This approach to utility or the good life based on people's choices underlies much modern economic thinking. The third definition of quality of life is in terms of the experience of individuals. If people experience their life as good and desirable, it is assumed to be so. In this approach, factors such as feelings of joy, pleasure, contentment and life satisfaction are paramount. Obviously, this approach to defining the quality of life is most associated with the subjective well-being tradition in the behavioural sciences.

In the *objective* approach or use of social indicators, it is assumed that certain standards in health, physical environment, income, housing and other quantifiable indicators are valid measures of quality of life and that absolute standards for assessing these variables exist and can be used to determine or define quality of life. The dominance of the objective approach is fuelled by medical measures and the demands of quantitative research. For example, physical function status can be evaluated by means of the Kats Activities of Daily Living scale (ADL). The hallmark of the objective approach is that it is based on quantitative statistics rather than on individuals' subjective perceptions of their social environment (Diener and Suh, 1997). Objective measures of quality of life are important because they provide established anchor points which can be compared across different studies and from

which the deviations of individual perceptions can be evaluated (Lingjiang et al., 1998).

One of the strengths of the objective or social indicators is their objectivity. The social indicators can usually be defined relatively easily and quantified without relying heavily on individual perceptions. As a result, it is technically straightforward to make comparisons of social indicators across nations, regions, demographic sectors and time. Another strong point of (objective) social indicators is that, by including measures across various life domains, they are able to capture important aspects of society which are not sufficiently reflected by purely economic yardsticks (Diener and Suh, 1997).

Measuring quality of life on the basis of objective indicators alone, however, is not without its limitations. For example, these measures do not account for sub-cultural differences in perceptions of the quality of life. Some people, even when they share the same culture, still have widely varying personal beliefs, values, goals and needs (Lingjiang et al., 1998). Another weakness of using social indicators is the inevitable role of subjective decisions in selecting and measuring the variables.

In light of what has been said, it would appear that an objective assessment cannot be made of the emotions and concerns for quality of life in relation to a particular individual. The values and beliefs of people and the way in which those values and beliefs are manifested in persons are what should be borne in mind, otherwise the weighting and priority attached to any area of life is arbitrary (Lingjiang et al., 1998).

The *subjective* approach, in contrast, sees that in order to understand the well-being of an individual it is important to directly measure the individual's cognitive and affective reactions to his/her whole life, as well as to specific domains of life (Diener and Suh, 1997). Subjective measures of the quality of life allow the inclusion in the assessment of a study of the participant's implicit cultural and personal values. Some researchers use other approaches to highlight the individual's subjective perception of life, such as ratings of happiness, well-being or life satisfaction, which have in the last decade been recognised as key components of quality of life. The Kaplan and Bush Quality of Well-being Scale and the General Well-being Measure developed by Rand for the Health Insurance Study are examples of subjective well-being scales (Lingjiang et al., 1998).

Subjective well-being consists of three interrelated components: life satisfaction, pleasant affect and unpleasant affect. The term 'affect' refers to pleasant and unpleasant moods and emotions, whereas life satisfaction refers to a cognitive sense of satisfaction with life. Both affect and reported satisfaction judgements represent people's evaluations of their lives and circumstances. As the term indicates, subjective well-being is primarily concerned with the respondents' own internal judgement of well-being, rather than the evaluation of policy-makers, academics or others (Diener and Suh, 1997).

Some researchers argue that quality of life in the purest sense necessarily implies an evaluation or subjective rating by the individual. Thus, the term has been used to refer to people's overall assessment of their lives in general (e.g., how satisfied they are, all things considered, with their present lives) or with certain aspects of life, such

as social life, financial condition, job or living situation (Brod et al., 1999; Dissart and Deller, 2000).

The major strength of subjective well-being measures, as Diener and Suh point out, is that they capture the experiences which matter to the individual. Since most objective social indicators are indirect measures of people's feelings about their life conditions, subjective well-being measures provide an important additional assessment which can be used to evaluate the evidence summarised by objective indicators. Another advantage of subjective well-being measures is that when proven inadequate they are often easier to modify in later studies than are objective indicators, which are usually compiled by agencies beyond the reach of most investigators. Third, by measuring the experience of well-being on a common dimension, such as degree of satisfaction, subjective well-being measures can more easily be compared across domains than can objective measures, which usually involve different units of measurement (Diener and Suh, 1997).

Subjective well-being measures are also prone to weakness. For example, Lingjiang et al. (1998) indicate that the level of well-being or life satisfaction is related mainly to the disparity between a person's needs or subjective reference standard for life and his or her objective situation. These authors also emphasise that if quality of life is evaluated only on the basis of Subjective Life Satisfaction (SLS) and Objective Life Status (OLS) and needs or a reference standard for life are disregarded, the conclusion reached may be questionable.

Diener and Suh (1997) point out three kinds of weakness related to standards of subjective well-being. First, artefacts which produce particular findings have not been completely eliminated. Although self-reported measures of well-being have adequate validity and reliability, it would be naïve to assume that every individual's responses are totally valid and accurate. Second, subjective well-being measures, according to Diener and Suh, may not fully reflect the objective quality of community life in a locality, because they may be more dependent on temperament and personal relationships than on societal factors. Furthermore, because people naturally adapt to situations, social expectations may influence individuals' subjective well-being. Finally, subjective well-being, as the authors maintain, is a value which varies in importance across individuals and nations.

Research on quality of life attempts to measure the combined effect of these objective and subjective factors on human well-being. "Objective measures, or social indicators, represent in a broad sense the individual's standard of living represented by verifiable conditions inherent in the given cultural unit". Subjective quality of life has been defined as "the degree to which the individual's life is perceived to match some implicit or explicit internal standard of reference" (Evans, 1994, p. 53).

Quality of life, as Smith (2000) argues, is now seen as encompassing both objective and subjective domains and the philosophical reasons for choosing 'what makes life worth living and gives it meaning' are beginning to be understood. He adds that measures of quality of life can be as domain-specific as health and/or can include multiple variables (for example, socio-economic factors, the support of family and friends, etc.) and may be age-specific. They can be structured, in that respondents are

given a set of questions with pre-coded answers, or relatively unstructured, where answers are open-ended.

The present study takes the broad subjective criteria for understanding and exploring individuals' personal well-being and quality of life. The research focuses on investigating the subjective understanding among older people of their religion and the impact of this subjective understanding on their making sense of the circumstances and experiences of their lives. As can be seen, these concerns of the research are related to the theoretical concepts of quality of life. As a result the literature and the theoretical discussions on the above concepts are first briefly reviewed. As will be discussed in the next section, researchers have recently begun to examine quality of life issues for older people, in particular those who live in nursing homes (Patterson et al., 2003). Many of them agree that the quality of life construct is multidimensional and inherently subjective (Stewart and King, 1994).

Subjective Quality of Life and Older People

Halpern (1994) points out that the term "subjective" means or refers to people's points of view. Its dimensions can only be ascertained from a person's own point of view, whereas other objective dimensions are accessible either from a personal perspective or someone else's perspective. Some researchers, such as Taylor and Bogdan (1990), see quality of life (QoL) as a matter of subjective experience. Therefore, the evaluation of quality of life depends on people's feelings. This is shown in the way in which they describe quality of life:

"the concept has no meaning apart from what a person feels and experiences. As a corollary to the first proposition, people may experience the same circumstances differently. What enhances one

person's quality of life may detract from another's" (Taylor and Bogdan, 1990).

Subjective QoL is also commonly defined as the perception by individuals of their position in life, in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (Richter et al., 2003).

Variability within older groups and between older and younger age groups creates special challenges for measuring an older person's quality of life. Older people differ from younger ones by virtue of their life experiences and values. Quality of life measurement instruments used for younger populations are not necessarily appropriate for use with older ones. Age-related factors affecting older people's health, psychological and social situations further complicate the measurement of quality of life in this group (Ory and Cox, 1994). In my opinion, it is difficult to measure accurately the quality of people's lives unless we hear from these people themselves. As noted above, the subjective evaluation of quality of life gains central importance for anyone who looks at the role of religion in the subjective experiences of older people. Therefore, the present study adopts a broad subjective assessment strategy through a biographical narrative research approach.

The subjective component of quality of life measurement requires that an older person should be able to express feelings, perceptions, etc. (Ory and Cox, 1994). The significance of a subjective evaluation of people's quality of life is very important. For example, some older people who appear well in every objective domain may still feel unhappy about life. Others who have inadequate resources in some supposedly crucial areas may still feel quite satisfied about life. Some older people claim that

they are ageing very well, despite congestive heart failure, blindness or even institutionalisation. Their outlook may have been affected by their expectations or their reference group may be significant. In addition, some people may have adapted to several chronic illnesses but may still be enjoying life (Johnson, 1995). Accordingly, the feature of being subjective implies that the individual is the only reliable source for evaluating anyone's QoL. All these things lead to the conclusion that it is the *personal perception* of satisfaction with life which is important.

Some researchers, such as Stewart and King (1994), stress subjective evaluation because evaluative response dimensions are more closely related to the essential definition of 'quality'. They go on to say that since the subjective appraisal may *mediate* between the objective conditions and quality of life, each respondent must assess the meaning of his/her life's circumstances regarding the question of ageing well. This evaluation may easily become more complicated when deciding between two alternatives: either to combine the subjective assessments of various domains (such as satisfaction with family, income and housing satisfaction) into a "total" appraisal; or to seek an overall test of well-being, such as life satisfaction (Johnson, 1995).

A general subjective assessment procedure can overcome the weaknesses of conceptualising and measuring quality of life. For example, a sense of subjective well-being works as a good indicator of a good quality of life. The concept includes both a personal assessment about one's general quality of life and an overall evaluation. This avoids the problems of evaluating innumerable specific domains, yet includes the subjective meaning of life conditions for the respondent (Lawton, 1994).

Factors Affecting Quality of Life

As mentioned above, recognition of the overall subjective dimension in assessing QoL does not rule out the existence of several objective factors contributing to quality of life. Hence, it is possible that a researcher can develop centring measurement scales for each factor. In this study a subjective approach will be used to explore the role of the spiritual/religious dimension in the participants' overall sense of their quality of life. Here the concept of *subjective* refers to the priority given to their accounts of their lives.

For researchers who work within a framework of factors in their approach to quality of life, understanding quality of life requires the factors influencing it to be identified. The rationale for recognising these factors, as Evans (1994) emphasises, is twofold: first, they are the basis for developing a theory of quality of life and, second, they provide the raw material for generating programmes to enhance quality of life in the population at large. Evans mentions ways of tackling some of these factors, such as single variable, cross-sectional, multiple variables, longitudinal studies of single variable, and longitudinal studies involving multiple variables.

Several domain-specific measures have been found related to quality of life, for example, marital satisfaction, job satisfaction, financial satisfaction, community satisfaction, marital adjustment, *religious satisfaction*, quality of family life and family well-being. Two personality measures, self-esteem and hardiness, and two communication measures, intimacy and expressiveness, have been related to quality of life. A resource variable, income, and environmental variables, such as urban vegetation, were also related to quality of life. A relationship was also found between religious satisfaction and a number of measures of religious behaviour and belief

(Evans, 1994). As can be seen within the factors approach, religion/spirituality is recognised as a dimension contributing to and enhancing some people's overall quality of life. The notion of religion as a dimension of life may be rooted in specifically Western cultural assumptions. In other cultures, religion might be conceptualised as the core of someone's life. The study was open to the possibility that religion might be integral to the participants' understanding of themselves, rather than being simply one dimension amongst many in their lives.

In the next section, the theoretical and available empirical studies regarding religious belief and practices will be discussed. Empirical data indicate that religion is an important factor in the lives of many older people (Commerford and Reznikoff, 1996). Therefore, religious belief will be discussed as one of the factors which affect quality of life.

Religion and Spirituality in Older People's Lives

The Role of Religion as a Social Phenomenon in the Modern World

Religion, as a social phenomenon, is one of the most ancient and controversial aspects of human life. It also remains one of the least understood. Some may believe that the modern age, with its scientific and technological advances, will take the mystery out of religion and eventually lead to its demise. The world of today, however, does not easily accept these assertions. Religion does not seem to be about to disappear. In fact, as we have seen, it is taking on fresh forms and is being used for different purposes, despite the mixture of attitudes which it currently encounters (Hannabuss and Allard, 1994).

Having lived for a long time in both the US and the UK, I have observed that religion plays a significant role in the lives of many Western people, institutions, organisations and even some fields, such as social work. It is also true that many people in these societies may say that they do not practise their religion. However, if I look at their behaviour, I can see that in general it does not necessarily contradict the expectations of their religion. Having good manners, being polite to others, etc., can be regarded as consistent with religious teachings. For this reason, being affected by religion is, in my opinion, not a negative quality so long as we interpret religion in a positive way and use it to help ourselves and others. My observation can be supported by some Western researchers, such as Hannabuss and Allard (1994), who assert that the acceptance of a spiritual dimension to life – beyond the mystery of the Trinity or claims about transubstantiation or reincarnation – is widespread, from gullible superstition to elaborate recreations of mystical experience. Aspects of good and evil, human and non-human (or even superhuman) intervention appear regularly in press reports of satanic abuse in families, *causes célèbres* to do with religious films or advertisements, complex social and ideological debates about birth control and world over-population, notions of Gaia and environmental responsibility. In these and many other ways, the concerns of religion invade the everyday fabric of people's lives, even if many do not explicitly call their experiences "religious" or "spiritual". In addition, Coleman et al. (2002) report in their study, which was concerned with the experience of older bereaved spouses in the south of England, that the decline in the practice of religion, which in the last 20 years has been apparent among older people as well as the rest of the population, does not mean that spiritual beliefs have declined. They add that a large part of the population still believe in some sort of transcendent power

or in God. What has happened is a loss of respect for the authority of Christian churches (Coleman et al., 2002).

A famous Islamic scholar, Abdu, who visited the USA and the UK almost thirty years ago, said when he came back to his country: “I saw Muslims without Islam in western society and here in Islamic society I am seeing Islam without Muslims” (Qutb, 1976). By this he meant that the behaviour of many Western people, for example in subscribing to a work ethic, being on time, respecting others, etc., reflect what Islam orders or recommends, while people who claim that they are Muslims are sometimes remote in their behaviour from what their religion lays down. In short, the precepts of religion are still influencing in different ways the lives of many in the West.

The dynamics of religious decline, religious revival, new religious movements and the relationship between religion and the mass of people have been the focus of many sociological studies in recent years. Their aim has been mainly to assess the effects of the clash between religion and modernity. The whole argument has been coloured by the Western experience. There are good grounds for believing, however, that the effects of modernisation on the changing place and meaning of religion in the modern world now needs to be understood from non-Western viewpoints as well.

Islam is one of the major world religions. Political events in the past thirty years have brought it more and more to the attention of those trying to explain religious ideologies. It is becoming increasingly evident that religion in general and Islam in particular are exercising considerable influence on people and even political events, at a time when many thought that the force of religion as a political ideology was almost

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spent. The recent turmoil in many parts of the Muslim world points to a growing tension between Islam, as a political and social system, and capitalist and socialist models of modernisation and development. The outcome is far from clear, but, whatever it is, it will have serious implications for Islam as a traditional system trying to cope with the challenges of modern life and for Muslims as people caught up in the struggle between the demands of their faith and the necessity of coming to terms with the modern world (Al-Hedaithy, 1989).

It should be noted, however, that the concept of modernity in Western societies is likely to be different from the concept as understood by Saudi people. For example, it could be argued that though modernity has put down roots in Saudi society, this society has firmly held on to its traditions and norms. Modernity has entered at the state level in the form of the establishment of a modern-day nation state with all its institutions, agencies and organisations. Dominelli identifies the key social features of modernity as follows: *“a ‘nation-state’ characterised by large-scale administrative and bureaucratic structures; a secular society; the spread of rational (scientific) thought; the goal of controlling nature; and a specific division of labour”* (Dominelli, 1997, p. 7). In the Saudi context, it is clear that not all these features have been adopted. For instance, modern institutions (ministries, agencies, organisations) are still founded on and carry out their activities, functions and tasks but they do so in the light of Islamic Šhari‘a and Islamic traditions. The secularisation of society is not an issue in Saudi Arabia, as it contradicts Islamic teaching, and people would resist, if not reject, such a process, especially in view of the religious awakening throughout the Islamic world, which calls on all Muslims and Muslim countries to adopt Islam as a religion and as a way of life. Secularisation is, therefore, unacceptable. Hence,

modernity in Saudi Arabia has two aspects: the development of modern social institutions and, at the same time, the observance of Islamic traditions and norms (Al-Shahrani, 2003). This argument may correspond to a certain extent with Giddens' views. He describes modernity as follows:

“Modernity, as everyone living in the closing years of the twentieth century can see, is a double-edged phenomenon. The development of modern social institutions and their worldwide spread has created vastly greater opportunities for human beings to enjoy a secure and rewarding existence than any type of pre-modern system. But modernity also has a sombre side, which has become very important in the present century.” (Giddens, 1990, p. 7)

Societies cannot escape modernity in the age of information technology and satellite communications. This is due to the fact that the tendency of modernity is inherently globalising (Giddens, 1990, p. 7). The technological advancements during recent decades have made it possible to acquire such technology and employ it in various areas of life (Al-Shahrani, 2003).

One aspect of modernity in Saudi Arabia, for example, is that women are now engaged in various jobs and professions, an unthinkable state of affairs thirty years ago. Saudi women now have the opportunity to access all stages of education, including university and even postgraduate education. This has enabled women to enter professions other than the classical teaching profession, which was the only area of employment for most educated women in the country. These days, Saudi women have established new careers for themselves in areas including medicine, social work, banking and teaching in higher education institutions, etc. However, it should be noted that segregation between the two sexes is still in force, which means that, while

Saudi Arabia has modernised, especially during the past twenty years, such modernisation is still within the confines of Islam and its teaching.

Although modernisation in Saudi Arabia, as discussed above, does not equate to secularisation, this creates tensions between religion and the new aspects of society which emerge as a result of modernity, and this is a complex issue. However, at the micro-level, this complexity can be observed concretely in people's lives. For example, older people's reactions to social change in a religiously-based cultural tradition such as Saudi Arabia's can allow us to observe and compare many cases of such tension.

It should be emphasised that the focus in this research is on exploring the role of religion in older men's lives. The reason for including the above observations on modernisation and religion is that the role of religion in their lives will interact with the experience of living in a society which has modernised during their life-span (for their views on this, see Chapter 7).

Sociology of Religion in General

The study of religion is not new, especially within sociology. It is as old as sociology itself. Religion, as a social phenomenon, was studied by the pioneers of Western sociology such as Durkheim, Weber and Pareto, whose concern with religion had a sociological basis. Religion was perceived by them as a central phenomenon of social reality and thus necessarily central for sociological understanding in general (Berger et al., 1969).

Sociologists have found it difficult to come up with a uniform definition of religion, not only because there are so many competing ideas about what religion is, but also because religion takes different forms and shapes in different parts of the world (Al-Hedaithy, 1989). Therefore, some sociologists such as Smith (1962) have tried to avoid using the term 'religion' and instead dealt with the concept of religious tradition (Smith, 1962). I think that the definition provided by Johnstone (1975) is general enough to accommodate most religions without attempting to favour any of them. It also seems appropriate to the religion of Islam. He defines religion as "a system of beliefs and practices by which a group of people interprets and responds to what they feel is supernatural and sacred" (Johnstone, 1975, p. 21).

The sociology of religion, according to Turner, developed in response to and was influenced by, the "social collapse of Christianity as a dominant institution in western society" in the 19th century (Turner, 1983). The early ideas which sociologists developed were very much influenced by Christian categories of analysis and by what was happening to Christianity as a result of industrialisation and the separation of religion from the state (Wilson, 1982). The early conceptions of religion, such as Durkheim's distinction between the sacred and profane, affected the way in which sociologists have dealt with and continue to deal with the social functions of religion (Durkheim, 1969). It may be useful if the sociology of religion develops a global approach which deals with all religions in such a way as to account for their similarities and differences.

Sociologists also have differed in their approach to the meaning and social function of religion in human societies. For example, the functionalist approach of Durkheim,

who viewed religion as a way of creating social bonds, was different from the historical approach of Weber, who was more interested in the relationship between socio-economic experiences and different modes of religious expression. Karl Marx was different again in regarding religion as a form of social opium which suppresses or masks the conflict of interests between antagonistic social groups. His view, that religion must be “explained away”, was shared by Freud, who saw religion as an “institutionalised” mass neurosis (Wilson, 1982).

Despite the idea that the sociology of religion does not display a uniform approach by which empirical studies can be guided (Turner, 1983), it is still distinctive and many researchers use it as a theoretical basis and also as an explanatory framework for their studies.

Social and Psychological Theories of Religion in People's Lives

Before looking at the available empirical evidence regarding the relationship between religion and older people, one must first look at the theoretical literature. The reason for taking seriously the social and psychological studies of religion, as noted above, is that they may help us form some expectations about the role of religion in the lives of the participants in this study.

Social Perspectives on Religion in People's Lives

As outlined above, religion played an important role in the scholarly writings of the early sociologists. Sociological theories on religion and its significant effects on social integration started with Durkheim. He saw the attitude of respect toward sacred things as identical with that shown towards moral obligations and authority. Further, Durkheim believed that religion lies at the very epicentre of human beings’

experience of their natural and social environment, and thus even secularisation cannot bring the total removal of religious symbols and activities from the world (Durkheim, 1951). As he saw it, humans will always be involved in the activity of constructing a sacred/ideological cosmos in order to render their experience ultimately meaningful (Hill, 1973). Although Durkheim's perspective cannot be generalised for everyone, given that some people or groups might not take part in such an activity, this is an important view for the present study because all the participants of this study are Muslims. One of the articles of belief in Islam (to be discussed in Chapter 4) is a belief in the hereafter and in paradise.

Durkheim (1951) also argued that religion served both a social and a mental health function. Not only was religious participation an important social activity, but also those who adhered to religion with clear lines of unquestioned religious authority were less likely to commit suicide than individuals who followed religions where the structure of authority was more tenuous. This is also relevant for the present study, as Islam emphasises that, regardless of the difficulties which people encounter, suicide is prohibited and to be regarded as a great sin. However, depending on the political context, some 'ulama (religious scholars) may justify suicide of the kind referred to as self-sacrifice in Islam, which is regarded as martyrdom. This is because the interpretations of the 'ulama are not always the same. They are not a cohesive body which thinks uniformly and shares the same values and aspirations. Disagreements as to their role in Islamic society and on interpretations of the Qur'an and Sunna (Teaching of the Prophet Mohammad) are commonplace. For example, Palestinian suicide bombings raise questions of religious legitimacy. The mufti (a Šari'a expert) of Saudi Arabia said that he was "not aware of anything in religious law regarding

killing oneself in the midst of the enemy,” and concluded from this that suicide bombings are nothing but a form of suicide, which is forbidden in Islam (Gibreel, 2001). In contrast, the head of a Hamas-affiliated association of ‘ulama opposed this interpretation of the Qur’an and deemed that suicide bombings are not only “permissible” in Islam but even “desirable” (Gibreel, 2001).

Consistent with Durkheim’s view regarding the role of religious beliefs and rituals in uniting their adherents in a common faith, Pargament (1997) maintains that there is evidence of a unifying function among the faiths of today. He adds that wherever we find religion, we can find temples, mosques, synagogues, meeting houses, pagodas and churches. Within their spiritual communities, according to Pargament, people search for a feeling of intimacy and belongingness. They can also help one another and strengthen their belief and desire to make the world a better place.

The religious community of believers also meets the need to belong. Overall, greater integration through religious involvement enhances the process of ageing well. Even without its spiritual impact, a further advantage of religion would be its social impact on ageing well. For example, Cox and Hammond (1988) argue that in a post-industrial society the status of older people drops upon leaving the workforce. Older persons are then seen as “unproductive” because worth is based on work. Nonetheless, the unique contribution made by religious life is the opportunity for continued status achievement through religious roles and involvement.

Idler and Kasl’s (1992) study, which examines the prospective relationship between religious involvement and several aspects of health status, concludes that religious

involvement on both the private subjective and the public behavioural levels were linked with the preservation of quality of life, particularly health and mortality. These writers note the social functions of religion in enhancing two dimensions of socio-emotional support by promoting intimacy and belonging with others. This is partially accomplished by its providing opportunities for new roles, which not only strengthen identity but also help to link the individual to larger social institutions. In this way, religious rituals may also improve health beyond what social support can do by encouraging religious people to conform to acceptable behaviour, which reduces harmful deviant behaviour and mortality (Idler and Kasl, 1992).

Kouj (1994), from the perspective of Islam, argues for the importance of religion for the individual and society. He argues that an individual's knowledge and closeness to God helps him or her to attain balance. When a person accepts belief, they can have a sense of contentment. Kouj further adds that religious people can become strengthened and better directed in life if they have a devout faith in a merciful and caring God. They learn to overcome personal weaknesses and negative attributes. Furthermore, religious belief may help them to deal with psychological problems such as envy and hate, as well as other psychological ills, such as depression, excessive anxiety and despair (Kouj, 1994). It should be stressed that religious people believe that all these possibilities are inherent in religion, but there may be some people who disagree with or do not believe in them.

Psychological Perspectives on Religion in People's Lives

Scobie describes the psychology of religion as the scientific study of behaviour, which is concerned with the origin, development and maintenance of an individual's

religious belief. It can say nothing about the truth or validity of a religion. It may make some assessment of the value of religious belief for the function and stability of the whole person, but in the present state of psychology such comments would be subject to considerable qualifications and limitations (Scobie, 1975).

Similarly, Pargament (1997) describes the relationship between religion and psychology and shows how they can benefit from each other for the sake of human well-being. For example, he suggests that the psychological world helps people to extend their personal control; while the religious world helps people face their personal limitations and go beyond themselves for solutions. He concludes that the psychology of religion and coping can create a respect for the possible, together with an appreciation of the futile. It bridges a deep psychological tradition of helping people in times of stress to take control of what they can with a rich religious tradition of helping people to accept their limitations and look beyond themselves for assistance in troubling times.

In the same way, the psychological perspectives of Erikson's theory of the life-cycle offer a strong positive connection between religion and human psychosocial development. The role which religion can play in connecting the individual with the past, the present, the future and with their God, is highly consistent with Erikson's emphasis on ego integrity. Erikson called the psychosocial crisis of old age "the crisis of ego integrity versus despair". He defines the achievement of a sense of individual integrity as "the ego's accrued assurance of its proclivity for order and meaning" (Erikson, 1968). It is the acceptance of one's unique and singular life-cycle and of the

people who have become significant to it as something which had to be and by necessity permitted no substitution.

Originally, Erikson suggested that the life-cycle comprised eight stages. However, in his later writings, he stated that it may be necessary to add one more stage to these. Old age should be represented by stages eight and nine. Stage eight is dominated by the conflict between integrity and despair, integrity standing for a sense of wholeness and meaning in looking back upon life and despair standing for a sense of meaninglessness, lost opportunities and failures. The ninth stage contains “a sense or premonition of immortality ... as given form in the world religions” (Erikson et al., 1986, p 336-337).

Before Erikson, Freud had developed his well-known psychological study of religion. He suggested that religion remained an important phenomenon in human life as it is used as a coping mechanism which people have developed to deal with whatever uncertainty, danger and fear they face. He believes that we try to recreate in religion a feeling of being protected by unbounded ‘love’ which we yearn for in our state of infantile helplessness. Religious belief protects us from ‘the slings and arrows of outrageous fortune’ (and ultimately from the acknowledgement of death) and therefore protects our narcissism. Religion renews and preserves our sense of being at the centre of the universe (Freud, 1973).

Freud also believed that children are brought to the knowledge of their social duties by a system of loving rewards and punishments. They are taught that their security in life depends on love from their parents (and afterwards other people loving them if

they are loved in return). All these relations are afterwards introduced unaltered into people's religion. Their parents' prohibitions and demands persist within them as a moral conscience. With the help of this same system of rewards and punishments, God rules the world of human beings. The amount of protection and satisfaction experienced by people depends on the fulfilment of ethical demands; their love of God and their consciousness of being loved by God are the foundation of the security with which they are armed against the dangers of the external world and of their human environment. Finally in prayer they assure themselves of a direct influence on the divine will and with it a share in the divine omnipotence. According to Freud, religion promises an after-life which will compensate believers for the earthly pleasures which they have to give up. Therefore, the notion of an after-life has the additional function of reducing the fear of death (Freud, 1973, p. 15).

It should be recalled here that Freud writes from a negative perspective about religion as a belief system. He reduces religious beliefs to illusions and calls religion "the obsessional neurosis of humanity" (Freud, 1973, p. 39). However, in the present study, Freud's view that religion functions as a coping mechanism will be utilised in accounting for the role of religion within the participants' lives, but his reductionist conclusion about the nature and source of religion will not be taken for granted. Instead of offering its own judgement about the essence of religion, the study will explore the views and feelings of the participants themselves about their religious belief.

Pargament (1997) also discusses the role of religion from a psychosocial perspective. He examines the links between religion and coping and emphasises that people run

less risk of distorting religious experience if they make the assumption that religion serves different purposes for different people. Pargament asserts that every religion provides its members with its own words to describe the ultimate end of life. In spite of their differences, however, all the world's great religions describe the sacred as their common end point; whether it is called a spiritual presence, Nirvana, everlasting paradise, the Kingdom of God, or eternal life, the spiritual realm lies at the heart of the search for significance in the sacred so as to find significance in life. He also describes coping as a search for significance in times of stress and concludes that religious coping occurs often and is a robust predictor of well-being and other outcomes.

Perhaps one of the main contributions of Pargament relating to the present study is the focus on significance. In this regard, he mentions a number of possible significant ends which people may seek through religion, such as spirituality, meaning, self-esteem, comfort and intimacy. He also emphasises that the search for personal and social enrichment is not simply a disguise for what all people really seek – personal comfort. The search for closeness with God, he believes, is something other than the desire for personal and social satisfaction. Pargament emphasises that religion is more than a way of coping with stress; it is potentially relevant to the full range of human experience, not merely of its negative aspects.

Pargament writes comprehensively about religion from a psychosocial perspective. His writing reflects his deep understanding of the characteristics of different religions, including Islam (see especially Pargament, 1997). Therefore, his theoretical reflections will be used in interpreting the research findings.

Religion in Gerontology

In spite of the significance of religion in older people's lives and despite the research on older people mentioned in the *Journal of Religious Gerontology*, researchers such as Johnson argue that research on religion and the quality of life in older people have still not been explored in a satisfactory way (Johnson, 1995). According to Johnson, many gerontological studies do not go beyond the behavioural dimension, though this alone shows that some religious indicators of attendance at places of worship have an important positive connection with some aspects of quality of life in older people. Johnson also asserts that there has been a tendency to rely too exclusively on public participation in organised religion as an indicator of religiosity and its positive relationship with quality of life, and also to infer that information about a practice such as attendance at a place of worship is enough to distinguish people with religion from people with no religion, not to mention distinguishing people who are more intensely religious from those who are less intensely so (Johnson, 1995).

Similarly, Ellor argues that researchers, even in the academic field, have not comprehensively covered the general study of religion and its impact on older people. A lack of scholarly interest or religious paradigms adopted by researchers and editors may account for the reduced interest in this topic. The same author adds that, even in graduate programmes, the low emphasis on the value of religion in coping, support and meaning has also affected research interests (Ellor, 1990). Howse (1999) echoes this view. For example, he asserts that there is a preponderance of exploratory research designs. However, the only hypothesis that they test is that some measure of well-being is positively associated with some measure of religiosity. Howse adds that little or no light is thrown on either the nature or the direction of any causal relationship. Are the findings to be explained by the fact that religious involvement

has an effect on health status? Or is it that health status has an effect on the ability and willingness of the individual to participate in organised religion? Or both?

Some authors argue that some progress has been made over the last few years in some academic fields such as psychiatry, psychology and family practice in understanding the role which religion plays in the lives of older people (Larson et al., 1994). However, Howse believes that there is only a limited amount of research reported in gerontology and much of the work undertaken in this field is relatively unsophisticated and of poor quality (Howse, 1999). He adds that not only has the research been disconnected from other social science research on religion, but it also lacks in-depth analysis of everyday religious life. According to Howse, there are few studies which have touched on religious matters in the context of a wider inquiry into the concerns and interests of older people. Even these few studies have usually been interested mainly in the association of older people with a place of worship as a continuing form of social participation, or as the indicator of a source of social support either within or outside the family. There is a need to investigate the role of religious commitment on quality of life, beyond simply making use of membership or attendance. These shortcomings supposedly account for the spiralling effect on research brought about by diminished interest and confidence in the enquiries into religion and the quality of life among older people (Howse, 1999; Johnson, 1995).

With reference to what was said above, it may be concluded that one major shortcoming of primarily using attendance at places of worship as an indicator of the importance of religion for older people is its potential for allowing religious commitment to be assessed as low through ignoring the subjective dimension. Faith

may be very important to some older people, even though they may not be very involved in formal services, due to ill-health or transportation problems. For example, Idler et al. find that, although attendance at places of worship declined among those in the final stages of life, this group showed either stability or a small increase in feelings of religiousness and the strength/comfort received from religion (Idler et al., 2001).

Consistent with this view, Mehta (1997) shows in his study from Singapore, which focuses on the role played by religious beliefs and practices within the ageing experience of older people (aged 70-85 years), that some Malaysian Muslim respondents, who were housebound due to frail health, could not go to the mosque for Friday prayers, but adjusted by performing their cleansing routine at home and observing the prayers as they were broadcast on live TV every Friday. Other Muslim respondents reported that they could not afford the bus fare to go to the mosque every Friday, so they tried to attend whenever possible and otherwise prayed at home (in some cases they could not afford even a television). However, as the same study shows, these people had a very strong faith. They believe that God will forgive them and reward them, because the decline in their attendance was beyond their control (Mehta, 1997).

Another issue is the kind of spirituality which may not require people to participate or perform rituals in places of worship. For example, there are some researchers who emphasise spirituality and the importance of dissociating the cultivation of a spiritual outlook from the ideas and practices of any particular religious tradition. Howse, to name but one, argues that the possibility of cultivating a spiritual outlook without any

kind of religious commitment has considerable importance for the scope of any enquiry into the connection between religion and successful ageing. He adds that, instead of looking for characteristics which distinguish people ‘with’ religion from those ‘without’ religion, researchers should look for something resembling spiritual beliefs or a spiritual outlook which may be found in either (Howse, 1999).

King et al. (1999) provide distinguishing definitions for religion and spirituality to elucidate the role of belief. Of the former, they say “*Religion pertains to the outward practice of a spiritual understanding and/or the framework for a system of beliefs, values, codes of conduct and rituals. It usually involves some form of communal religious observance*” (p. 1292) while they define the spiritual “*as the term which refers more broadly to a person’s belief in a power apart from their own existence. It is the sense of relationship or connection with a power or force in the universe that transcends the present context of reality. It is more than a search for meaning or a sense of unity with others*” (p. 1292). The same authors also add that some people may use the word God, while others may be less specific. However, strength of belief in this power can be regarded as distinct from any concept held about its precise nature (King et al., 1999).

The language of spirituality, as Howse (1999) highlights, not only moves the discussion about religiosity in older people beyond the external features of religious life, but also cuts across the boundaries which separate people from different religious traditions, and also those which separate participants in institutional religions from non-participants. It affirms the possibility that people who neither have nor want any connection with institutional religion may cultivate a spiritual outlook, as well as the

possibility that they may reap spiritual benefits from activities which have nothing to do with institutional religion.

Howse also makes an interesting comment about the language of spirituality. He argues that it has become common practice to use the language of spirituality as a kind of *lingua franca* for intercourse between different religious traditions. He adds that it is used to emphasise the importance of what different traditions have in common rather than what separates them. Christianity, Judaism, Islam, Hinduism and Buddhism boast large bodies of literature dedicated to the cultivation of attitudes of mind and practices which are intended to effect a fundamental reorientation of human desire and which derive their value from something more than their contribution to human well-being. The language of spirituality would in my opinion be a very useful tool to use, especially in societies where people have different religions or beliefs. In Islam, to which the participants of this study belong, it will be seen (as discussed in Chapter 4, below) that there is no significant difference between the term religion and spirituality. They are perceived to be two sides of the same coin.

The reason for bringing up the issue of religion in gerontology and the importance of the subjective dimension is that the present study is concerned with exploring the role of religion on the lives of older men in nursing homes. People living in nursing homes often have health problems which may preclude them from going to places of worship or participating in organised religion. However, as will be seen later, in Saudi society the relationship between religion and spirituality is very strong.

Empirical Studies about the Role of Religion in Older People's Lives

Most of the empirical studies regarding the role of religion or its relationship with older people have been carried out in Western countries, such as the USA and the UK. Although religion in Saudi Arabia has an influence on peoples' lives (see Chapter 3, below), no empirical study seems to have explored the impact of religion on the lives of its older people. Hence, it is this paucity of Saudi research on the connections between religion and older people's lives which forces the present study to depend heavily on the American, British and the available Islamic and Arabic literature to consider how the topic has been explored by different professions and academic disciplines. In the next section, previous research exploring religion in the lives of older people will be reviewed. In the interpretation of the findings in Chapter 9, some of the findings of these studies, together with their methodological orientation, will be critically compared with the findings in the present study.

Role of Religion in General on Health and Psychological Well-being

A growing body of empirical evidence suggests that religious involvement has significant effects on health and mortality. For example, Levin shows that, recently, the rate of death and many diseases for certain behaviourally strict religious groups, such as Mormons and Seventh-day Adventists, have been found to be lower than the rates for the general population. These groups may prescribe such health practices as not smoking cigarettes, not drinking alcohol and not eating meat (Levin, 1994).

Other investigations have associated a higher frequency of attendance at religious services over many denominations with lower blood pressure, lower cause-specific mortality for atherosclerotic cardiovascular disease, lower incidence of physical disability, lower all-cause mortality and lower depressive symptomology (Comstock

and Partridge, 1972). Older people who attend services more frequently report easier adjustment; a better feeling of value and greater general well-being, life satisfaction and contentment or happiness (Cox and Hammond, 1988).

The study conducted by Patterson et al., using a qualitative analysis of in-person interview data from 55 residents of Assisted Living Facilities (ALFs), examines how residents use religious practices to cope with the challenges of life in ALFs. This study reveals a variety of religious practices, such as prayer, attendance at places of worship and the reading of holy books. Most residents deemed religion important and reported that religious practices provided a framework for coping with problems. Religious activity and personal spirituality provided the residents with a coping strategy which acted as a buffer when they were confronted with the array of changes and challenges in their transition from a private home to ALFs. Residents used religion to maintain continuity with their pre-ALF lives; to obtain relief from physical or emotional pain; to provide a framework for socialisation; to develop courage; to maintain a purpose for their lives; and to prepare for death (Patterson et al., 2003).

With regard to private religious activity and its impact on older people, Helm et al. (2000) conducted a six-year follow-up study of 3,851 older adults, using a prospective cohort design. The results of this study show that private religious activities provided a protective effect against mortality for an older population free of functional impairment, even after controlling for numerous covariates.

Religion may offer older people affirmation of their fundamental values. For example, Koenig (1994) argues that religion bolsters self-esteem through a belief in

being honoured by God, being important to God and being loved by God. This belief may make older people less vulnerable to the losses and disabilities of ageing. Whatever the mechanism, numerous researchers have documented the finding that religious beliefs, rituals and experiences correlate positively with good health and psychological and social well-being (Patterson et al., 2003).

Although death is inescapable, it can seem inconceivable. Fear of death is universal. Rather than allow themselves to feel vulnerable, people use denial and magical thinking when faced with the idea of death, and with ageing the certainty of death comes closer (Brandell, 1997). But religion, as many researchers demonstrate, can help people to prepare themselves for death (Cox and Hammond, 1988). According to Cox and Hammond, religion can enhance one's ability to face death; to find meaning in one's life; to accept losses; to mitigate loneliness, grief and unhappiness; and to find valuable support for later life (Pargament, 1997).

The Role of Prayer on Health and Psychological Well-being

As Pargament (1997) points out, people look to religion for physical health as well as psychological and emotional well-being. Prayers for a rapid recovery from illness are nothing out of the ordinary in the religious services of most faiths. Empirical studies of diverse groups facing a variety of major health problems and life stressors indicate that these groups frequently use prayer. These studies conclude that religion in general and prayer in particular have significant implications for health and well-being. There has been growing interest in investigating religion as a relevant element in illness outcome (Logan and Romans, 2003; Mitchel and Sarah, 2003; Pargament, 1997). For example, Mehta (1997), in the summary of his study noted above, reports a unique situation mentioned by one of his Muslim respondents, who stated that his

coping response to headaches was to pray and recite twice a religious verse, which never failed to relieve the headache. As a result, he consumed fewer drugs and at the same time saved on medical costs; the latter, as the author points out, was significant because he had little money.

Helm et al. (2000) examine the relationship between survival and private religious activities. A probability sample of older community-dwelling adults in North Carolina was assembled in 1986 and followed for 6 years. One of the results of this study shows that those who pray or meditate even occasionally may have an improved psychological state or better coping skills and thus reduced stress and/or enhanced immunity, because of the comforting knowledge of having a higher being to turn to in time of need (Helm et al., 2000). Another study conducted by Haley et al. (2001) to investigate the relationship between physical functioning and the use of private religious activity in older adults demonstrates that those who prayed or meditated once a week had the fewest impairments. Prayer was used as an effective coping mechanism with various sicknesses and chronic conditions (Haley et al., 2001).

A study, carried out by Hebert et al. (2001) on 22 patients hospitalised with a recent life-threatening illness, to identify the preferences and concerns of seriously ill patients about discussing religious and spiritual beliefs with physicians, showed that religion and spirituality are a source of comfort for many patients. Although not necessarily expecting physicians to discuss spirituality, patients wanted physicians to ask about coping and support mechanisms. This exploratory study suggests that if patients then disclosed the importance of spiritual beliefs in their lives, they wanted physicians to respect these values. The study also indicates that prayer in times of

illness and/or health was very important for many patients as a source of comfort, support and guidance. Many patients in this study attributed their improvement to prayer. Some of them believed that prayer and faith could cure their illness. The study also reveals that, in addition to individual prayer, intercessory prayer by and for others provided informants with an intimate sense of connection. Patients were comforted by the knowledge that people were praying for them. They also made many comments about prayer in the healthcare setting. Most indicated receptiveness to discussions with physicians or clergy (Hebert et al., 2001).

A study by Gioiella and Berkman (1998) explores the relationship between spiritual well-being and quality of life in gynaecologic oncology patients in an attempt to clarify the significance of spiritual well-being in the assessment process. Eighteen women with gynaecologic cancer completed a self-administered questionnaire which asked for sociodemographic, medical, spiritual and functional information. A Spiritual Well-being Scale was used to assess spiritual well-being and the Functional Living Index: Cancer (FLIC) measured Quality of Life (QoL). Data were analysed using descriptive statistics, comparison of means and analysis of variance. The study concludes that patients with gynaecologic cancers other than ovarian reported a better QoL and higher degree of spiritual, existential and religious well-being. Older patients consistently reported higher degrees of spiritual well-being and QoL than did younger patients (Gioiella and Berkman, 1998).

Similarly, Soothill et al. (2002) investigated the impact of having religious faith on the cancer experience of patients and informal carers in the north-west of England, focusing primarily on the association between faith and psychosocial needs. They

reveal that items such as opportunities for personal prayer, support from people of the same faith and support from a spiritual adviser are statistically significant for both patients and carers. Patient and carers with faith identify a greater need for these three items (Soothill et al., 2002).

To examine the effect of religion and spirituality on psychological functioning and physical health in medically ill, hospitalised older adults, Koenig et al. (2004) interviewed 838 consecutively admitted patients aged 50 and older to a general medical service in Duke University Medical Centre. The researchers conclude that religious/spiritual beliefs and practices were widespread among all age groups and were frequently used to cope with illness. Cognitive functioning was better in those more involved in private religious activities, such as prayer or Bible study and those whom the observer rated as more spiritual or religious. The researchers add that all associations were strongest in persons aged 65 and older (Koenig et al., 2004)

As mentioned above, religion and spirituality as coping mechanisms have proved to be significant in many older people's lives, especially those who are suffering from different illnesses. Thus, some studies emphasise that people who work with patients, particularly older people, must understand their personal belief and values. For example, a study undertaken by Strang et al. (2002) on nurses who worked on the oncology, palliative, neurological, neurosurgery and psychiatric units or in nursing homes, describes how Swedish nursing staff at six different units characterise spiritual needs in a broad context, including both religious and existential issues. The study reveals that a great majority thought that nursing staff should pay attention to patients' spiritual/existential needs and that these needs are part of holistic care. It also

concludes that there is a willingness to pay attention to the spiritual and existential needs of patients (Strang et al., 2002).

The concept of prayer has a central position in Islam. However, despite this centrality, the psychological aspect of prayer has received attention from few researchers. There are few modern empirical studies which examine the experience of Muslim older people in general and the various dimensions of prayer in Islam (see below: research on older people in Muslim and Arab communities). Nevertheless some researchers have theoretically investigated the concept of prayer in Islam. For example, Padwick (1961) explores the main elements of Muslim prayer and worship through analysing many popular Muslim prayer manuals, which she collected from all around the Muslim world (Padwick, 1961). Schimmel's (1994) contribution to the study of Islamic prayer needs to be acknowledged. She appears to be the only modern researcher who has devoted many studies to the issues of prayer. She particularly focuses on the perception of prayer in Islamic mysticism (called Sufism). According to her, ritual prayer helps to bring Sufis closer to God while their longing to be united with God intensifies in their individual, spontaneous prayers. Furthermore, she points out that the practice of *Dikr*, literally meditation or remembering God (Allah) and repeating His names frequently, is the central aspect of the Sufi conception of prayer. Sufis expect to be in constant companionship with God by remembering Him. The unchangeable subject of Sufi prayer is the love of God, annihilation of the self and living in God (Schimmel, 1994).

Rahman's (1974) work presents the ethical and spiritual significance of prayer from a utilitarian point of view. To him, prayer is the source of immense benefits and

qualities, such as spiritual purity, patience, individual efficiency, social discipline and responsibility, self-control and humility, honesty and fairness, unity and co-operation and so forth. These positive fruits of prayer bring happiness and peace to the lives of individuals in their relationships both with God and with their fellow human beings (Rahman, 1974).

Al-Ghazali (1992) a modern Egyptian scholar, reflects on the Islamic conception of prayer in light of the Prophet's practice of prayer. He points out that the Islamic doctrine of worship and prayer makes people aware that they are responsible and accountable in the presence of God for all of their affairs. Because of the constant state of God-consciousness, prayer and worship are not leisure activities, but are ways which give opportunity to people to accomplish their duties for God's sake as His people.

The Role of Religion on Facilitating Social Support in Older People's Lives

As discussed in the first chapter, there are various ways of defining the concept of social support. One of the definitions comes from Thoits (1982). In his view, "support is any information leading the subject to believe that: (1) he or she is cared for and loved; (2) he or she is esteemed and valued; and (3) he or she belongs to a network of communication and mutual obligation" (Thoits, 1982). Although such a definition gives due weight to the emotional side of support, it neglects the instrumental or practical support which one may receive from others. Even so, it recognises the importance of measuring support as seen by the subject (Moharib, 1988).

The strength of Thoits's definition, however, can be estimated from its ability to become a clear guideline for measurement and indeed there have been some attempts to create such a guideline. For instance, social support has been seen as "an interpersonal transaction involving one or more of the following: (1) emotional concern (liking, loving, empathy), (2) instrumental aid (goods and services), (3) information (about the environment), or (4) appraisal (information relevant to self-evaluation)" (Moharib, 1988).

Despite these advantages, the definition presented so far has only partially clarified what is meant by the term 'social support'. A more specific description is needed. Where, for instance, does the support come from? What form does it take? What kind of support is it? These questions must be answered in order to reach a comprehensive and clear definition of social support. The importance of the above questions has been recognised by a handful of researchers in the field (Moharib, 1988). Regarding the first question, Ganellen and Blaney (1984) identify the sources of support accessible to people: support may be provided by a spouse, family, friends, neighbours, co-workers and members of the larger community. The structure of social support was found to play an important role in determining the degree of satisfaction which one perceived following support from others. The support received from a spouse, for example, may be more effective in reducing distress than the support received from other sources (Thoits, 1982). In addition, there are different types of social support. People's well-being may be enhanced by one or more of the following: "attachment, social integration, opportunity for nurturance, reassurance of one's worth, a sense of reliable alliance and obtaining guidance" (Lazarus and Folkman, 1984). Social support has also been identified according to its functions.

Three dimensions of social support were suggested: “emotional support, which involves intimacy and receiving reassurance; tangible support, or the provision of direct aid and services; and informational support, which includes advice concerning solutions to one’s problem and feedback about one’s behaviour” (Ganellen and Blaney, 1984).

It is well established that participation in religious services or joining in religious group activities facilitates social support. Religion may increase social support, and it may provide psychological resources such as hope (Idler, 1994; Koenig, 1994). For example, Koenig (1994) notes that many older adults turn to religion as a form of social support, to help cope with existential issues, alleviate death anxiety and provide hope for the future. Alternatively, older adults may use religion to find meaning in life, or alleviate the suffering which comes with declining health in later life.

As health deteriorates, older adults must increasingly rely on others for support; one source of this being the religious congregation. Perceived social support from one’s family and religiosity are strongly related. Religiously committed individuals tend to perceive the family more warmly, report greater marital satisfaction and report greater satisfaction with family life in general (Idler, 1994).

Moreover, there is some evidence that members of congregations draw on support from fellow members. For example, Ai et al. show that persons engaged in religious institutions have better relations with friends and family. Later life is characterised by a number of problems which may be alleviated through attachment to a religious

group and recent research on these issues has demonstrated the importance of acknowledging this point (Ai et al., 1998)

Several findings about religion and quality of life are very significant. For example, Johnson (1995) confirms the hypothesis which states that social integration is enhanced by religion. Religious commitment did enhance social relationships with others. Higher religious commitment was associated with a greater scope for friendships both inside and outside retirement homes. The positive impact on friendships inside retirement homes not only revealed an opportunity in age-segregated housing for the elderly to reclaim lost relationships, but these relationships also had subsequent positive effects on subjective well-being or ageing.

Mehta (1997) points out that a common activity among the Muslim respondents in his study was attendance at religious classes, talks and ceremonies where their presence was given due recognition. These activities fulfilled a dual purpose. Firstly, the older Muslims felt that they were participating in social activities which were approved by their community and this, therefore, indirectly helped to raise their self-esteem. Secondly, these activities were opportunities for social interaction among peers, which helped to meet their socio-emotional needs.

Studies on Older People in Muslim and Arab Communities

In this section, some available studies about older people in some Muslim and Arab communities across different countries will be presented. The studies which were conducted on older Saudi people will be discussed in Chapter 3.

Religion and Older People

Over the centuries, religion has had a dominant and far-reaching influence on Muslim life. Many mosques and some religious associations offer important ancillary services at the grass-roots level, such as clinics, nurseries, private tuition to students, facilities to celebrate family occasions, etc. These religiously-based services meet the practical needs of the community. For example, Azer and Afifi (1992) show in their study, which was the product of collaboration between the United Nations University and the National Centre for Social and Criminological Research in Cairo, that in a given social setting and taking into consideration the cultural heritage, it is more likely that religion would have a great impact on the lives of the aged in general and on those who live in Islamic communities in particular. They also show that in most of their case studies (fourteen older persons were chosen from the research site in Cairo), there was a general tendency favouring religiosity, which is an attribute much appreciated in the community, implying goodness and respectability. The title *Hāj* (a person who has gone on a pilgrimage) carries with it reverence. Moreover, religious practices seemed, for most of the older males in the sample, to have more than one function. They add that for many retired persons, religious practice is a compensatory activity: the daily five prayers fill otherwise long, tedious days for some of the aged. Each of the five prayers marks the time of day and all their activities are organised around these times; thus a new daily routine centred around prayer is created after retirement.

Abdalati points out that religious activities can be a source of comfort, and religious institutions provide the aged with a network of friends and fellow-worshippers. The simplest form of this is praying with a congregation in a mosque. For example, after prayers, people will get together to talk, ask about other people who did not attend the

prayer and they sometimes invite one another to have coffee in their homes (Abdalati, 1975). At the same time, there are those who immerse themselves in religious activities in order to escape from reality. Yet others look on religious activities, such as prayer, as a substitute for medical treatment (Azer and Afifi, 1992).

Consistent with the studies above, Mehta reveals that one outstanding feature of the arrangements for the day's routine among most of his Muslim respondents was the deliberate organising of activities around their five sessions of daily prayer. What this means, as the researcher shows, is that the typical day for older Malay people would start about 5.30 a.m. (just before the first prayer time) and throughout the day, they would try to be home for normal prayer times. For the older working people in Malaysia, a minority in the sample of respondents, observing prayers depended on the work environment. However, these persons would try their best to be at home for the first and last prayer times. In Singapore, working Malay Muslim males usually negotiate with their employers to allow them to go to their mosque on Fridays during the noontime prayers.

In Lebanon, where it is estimated that eight percent of the population is aged 65 and older, Abyad emphasises that there is a need to ensure the availability of health and social services for older persons and promote their continuing participation in a socially and economically productive life. The researcher highlights the importance of religion in the lives of older people in Lebanon and notes that the culture of the country demands respect for older people and values highly the natural bonds of affection between all members of the family. In this society, as the researcher adds, the oldest members are a source of spiritual blessing and models of religious faith,

wisdom and love. Accordingly, the family as a group assumes responsibility for the welfare and survival of all the members by helping them with daily chores and giving them financial assistance and emotional support. Lebanon has three major religions: Christian, Moslem and Druze. All three, as the researcher stresses, emphasise that the care of older people, which is based on religious and spiritual values, is the duty of the whole family, and, principally, that all oppose the idea of putting older people in a nursing home facility (Abyad, 2001).

Al-Mahmoud (1999) indicates that older people in Islamic and Arab countries do not require financial expenditure alone; they also need psychological and social support. These cannot be achieved except through shared values, ethics and morals, which are called for by religion and considered as complementary to the personality of individuals and the values of the society (Al-Mahmoud, 1999).

General Research on Older Arab People

Some general studies will now be reviewed concerning older people in selected Arab countries. These studies examine different aspects of older people's lives.

Some individual researchers in Arab countries which have systems similar to that in Saudi Arabia have proposed different models for social work among older people and reported satisfactory results after pilot experiments. For example, Abdel Mohsein (1980) recommended that older persons in Arabic countries should be encouraged to participate in voluntary work and other activities, such as teaching. Meanwhile Abdel Dayem (1980) chose an experimental sample of persons who undertook a programme of sports activities in Cairo and compared the results with a control group of older persons who did not undergo the programme. The study shows positive results in

improvements in health, social and psychological adaptation among those who were engaged in sport.

The findings of a study by Basyouni (1982) show that low participation rates of older people in different social activities led to high dependency rates and were a waste of the experience of older people. It recommends a more positive approach in social work. Other researchers propose an improvement in the services administered to older people and recommend that older people should be represented in the administration of these services (Fattouh, 1986).

Taani studied the health status and utilisation of health services by older people in the city of Irbid in Jordan. A total of 216 older people were interviewed using the Duke University Health profile assessed health status. The results indicate that advanced age was highly associated with poor health status, which was in turn associated with high utilisation of health services. The study also showed that 86 percent of the sample suffered at least one medical problem during the year prior to the study. In addition, the older people felt that they were not receiving adequate care for several of the health problems they suffered from. The results indicated that the females in the study tended to suffer from more health problems than the males (Taani, 1995).

Al-Shawwa investigated the relationship between the type of residence (home versus nursing home) of the older people and their level of depression. One hundred and fifty older people of both sexes were studied; half of the sample was institutionalised while the other half were staying with their families. The results indicate that the level of depression experienced by the institutionalised older people was higher than

the level in those living with their families. There was no significant relationship between the level of depression and the sex and level of education of the older people (Al-Shawwa, 1995).

Attlah (1998) examined the social interactions of older women to the changes in Jordanian society. Four hundred women above 70 years old were selected. The study found that there was a positive relationship between the visits of an older woman and her family and her relationship with her husband's family. If her relationship with her husband's family was good then her visits to her family were more frequent. The older the woman became, the less she agreed with the members of her family and the more she feared loneliness. Moreover, the women who had married the men of their choice experienced fewer difficulties than did the women whose husbands had been chosen for them.

Some studies indicate that older people suffer from recreational problems and troubled family relationships. For example, Abu Nameh carried out a study on a sample of 400 persons aged 65 years and above in the governorate of Amman. The researcher concludes that the older people in the sample suffer from several problems, such as boredom, neglect, insufficient care and problems with their families and relatives. In addition, most of the sample rejected the idea of going to a nursing home. The few who accepted this idea were people who suffered from physical disabilities and were neglected by their children; in addition, the women in the sample were found to suffer from more problems than the men (Abu Nameh, 1985).

Qaddomi, who studied the problems of older people in Irbid in the light of several variables – sex, marital status and place of residence (living alone or with their children) – found similar results. The researcher collected data from 100 males and females above 65 years representing different social and economic levels and from urban and rural areas. The five most significant problems experienced by the older people in the sample were poor living conditions, lack of interest in visiting public gardens and clubs, lack of respect and affection from their sons and daughters, being emotional and easily irritated and disliking going to the doctor. The investigator also found that the problem fields were placed in the following order: the field of recreation and leisure time, the economic field, the social field and the psychological field. No significant differences were found in relation to variables such as sex, social circumstances and location of residence (Qaddomi, 1991). Mahafza found similar results among 60 older people in Jordanian nursing homes. The results indicate that the most important problems were recreational, followed by the social, health services delivery and the psychological domains (Mahafza, 1993).

Growing recognition of the importance of providing appropriate care for older people is illustrated by the holding of an international conference organised by the Islamic Organisation for Medical Sciences (IOMS) on “The Rights of Ageing People – An Islamic Perspective” in Kuwait between 18-21 October, 1999. Many scholars, doctors and scientists from Islamic, Arab and non-Arab countries were invited to take part in this conference.

Papers and studies regarding different issues concerning older people, especially in Islamic and Arab countries, were presented in this conference. For example, Al-Badri

(1999) emphasised in his paper that taking care of older people is not seen as an option in Islam. It is the responsibility of children, relatives and society. He argues that it is emphasised by Qur'anic and Hadith quotations that caring for older people and supporting them in a Muslim society is not merely a gracious act which is optional for a son or daughter. In Islam, it is the right of older parents to receive this support and good treatment from her or his children. However, the writer offered a number of suggestions regarding the implementation of this responsibility in modern urbanised Muslim communities. He proposed the establishment of a "day care centre for older people" where they could stay during the day when their children went to work and their grandchildren were at school. They can happily socialise with people of their own age and could be fetched in the late afternoon to spend the evening with their family and remain there overnight. The writer also suggests that older educated Muslim people living with their children could be taught how to use computers in order to be informed and also to entertain themselves by visiting websites.

The writer also suggests that since caring for older people is such an important aspect in Islam, it must be taught by parents and teachers to their children. Special courses in the primary and secondary school curricula should be devoted to this topic. He also suggests that this important Islamic teaching be clearly endorsed in the Oath of the Muslim Physician developed by the Federation of Islamic Medical Associations (FIMA) (Al-Badri, 1999).

A study by Al-shatti (1999) also emphasises the responsibility of the family and society for taking care of older people. The study examined contemporary attitudes toward older people in Kuwaiti society. The study involved 472 Kuwaiti citizens

responding to a 20-item questionnaire. The respondents strongly supported the care of older people by their family, with help from the government. The subjects also supported the continuing involvement in society of older people, whether at work or at home (Al-shatti, 1999) .

Al-Salami (1999) points out that from the perspective of Islam, if older people have not saved some of their income during their lifetime, then their family members must contribute to ensure that they have a good standard of living. The duty of taking care of older people, as the author adds, is the responsibility of sons and daughters. If older people do not have sons or daughters to support them, then their grandsons or granddaughters must support them. If there are no children or grandchildren, then other relatives must support older people. Indeed, such support is obligatory for relatives who are better off and who have more funds than they need for the daily expenses of their family.

Al-Salmi also indicates that housing is a serious problem. Large families are now disappearing from the social system. Each new family now forms a separate household. Thus, the problem for older people becomes greater as they grow too old to live alone. He adds that Islam obliges Muslims to provide their parents with accommodation which is appropriate for their age and he suggests that if an old person has no family, then the solution is an alternative family. He believes that volunteers must be encouraged to accept older people among them. The alternative family must be used as a form of support to older people. A second solution suggested by the author is to establish houses for older people. He also emphasises

that governments must carry out the duty of taking care of older people by establishing good welfare systems (Al-Salami, 1999).

In summary, most of the papers and studies presented at the conference mentioned these different issues concerning the rights of older people, particularly from the perspective of Islam. Most of these papers emphasised the importance of making older people aware of balanced nutrition, moderate physical exercise, suitable hobbies, preservation of social relations, as far as possible and the spirituality which supports faith, tranquillity and self-acceptance.

The papers in the conference also recommended that older people should be provided with suitable primary healthcare, clinical care and all levels of healthcare; health services should be adapted to take into account older peoples' needs; and physicians should be trained in the recognition and treatment of physical and psychological illnesses which may have symptoms different from those in younger people. One of the recommendations was to ensure justice and quality in the provision of health services to older women and men and to introduce an integrated health and social insurance system which covers every group of older people, including farmers, craftsmen and small wage earners who are not covered by the existing insurance systems.

The research-based recommendations emphasised encouraging and financing topical and field research projects on the physical and psychological health of older people; collecting data about their activities and health problems, analysing them and making them available to decision-makers to help them take proper decisions; and to pass

appropriate laws to ensure older people's care. The media was also recognised to be important in enhancing the quality of older people's lives. For example, one of the recommendations of this conference was to encourage the mass media to highlight older people's health issues; to emphasise to them and to their families nutrition, and physical activity, prevention against accidents and hazards, and to observe when medication should be taken; and to arrange special programmes for recreation and amusement.

Regarding religion, the conference recommended the internalisation of religious values and teaching which encourages benevolence to parents and enhancing the self-esteem of older people, especially through the curriculum at various levels of education. This should include subjects which enhance awareness of older people; stress their position and rights in the family; provide examples of faithfulness and good treatment towards older people, such as paying visits to them, making them aware of ways of taking care of older people; and urging students to adopt healthy lifestyles which would preserve their health into old age, encouraging them to avoid smoking, drugs and all other harmful habits. It was also recommended that authorities and decision-makers should be made aware of the importance and special needs of older people in the light of Islamic jurisprudence, including raising the retirement age, introducing a penalty for disobedience to parents, helping the needy to support their elderly relatives and establishing a higher council for older people's care where all the concerned parties are represented and which will have appropriate competence and sufficient resources (Islamset, 2002).

The Arab Inter-parliamentary Union is an organisation representing all Arab parliaments. This union organises a conference once every two years to discuss important legislative and parliamentary issues. In the last conference in Cairo (2003), one of the recommendations was about older people. The conference recommended that Arab countries should rethink their social policies regarding older people and improve them to help older people have a good quality of life. The conference also emphasised that there is a need for a comprehensive assessment of present resources, including the services and activities provided by governments, voluntary organisations and families, and a comprehensive evaluation of the current and anticipated needs of older people in the community and in terms of facilities. This information will provide important parameters for planning interventions in the health and social fields. It also emphasised the importance of both religious organisations and families for improving the quality of life of older people in Arab countries, and highlighted the need to benefit from the experiences of older people to improve social services for them and for the rest of society (Arab Inter-parliamentary Union, 2003).

The available literature on issues concerning older people in Arabic countries reveals that most of the interest and work in this field is relatively recent. This may be due to the rapid social changes which took place during the late 1960s and 1970s, bringing these issues to the fore (Abdel Dayem, 1980; Abdel Mohsein, 1980; Alsadhan, 2000). The scope of studies undertaken during this period has been limited to surveys of the living conditions and problems of older people (Azer and Afifi, 1992; Basyouni, 1982). The functioning of formal and informal support systems for this age-group has not been investigated comprehensively. This is also the case in Saudi Arabia. Therefore, it is hoped that this study, by exploring the role of religion in older men's

lives, will help by contributing to the research in social studies in Arab countries and raising the motivation of other researchers to explore further aspects of older people's lives in depth.

The Relevance of Theoretical and Empirical Studies to the Present Study

The theoretical and empirical studies reviewed in this chapter show that religion, religious activities and personal spirituality can provide older people with positive feelings or support or understanding. They provide them with meaning and purpose. Religion, for example, according to Durkheim (1951), helps to overcome fear or anxiety about the past, present or future. It offers to interpret the world, through providing sense and understanding and an acceptable place for people in their society. This theoretical view is useful for the present study, which uses biographical narrative techniques to investigate the religious experiences of older people at different stages of their lives as they experience religion in a specific religiously-based society. Through the use of biographical methods, people can be encouraged to talk about their experiences both in the past and in the present, as well as their expectations for the future, and to reflect on the role of religion at all these stages.

Theoretical and empirical studies, such as Erikson's, show that religious activities and personal spirituality provide older people with a coping strategy which buffers them from the changes and challenges encountered in moving from private home to nursing home. This will be useful for the present study which investigates the reactions of older people to the changes in society and culture which have taken place during their life span and to their lives in the nursing home.

Some of the psychological studies, such as those of Freud and Pargament, show the role of religion as a coping mechanism which helps older people when they suffer from different illnesses and think they may be soon to die. These studies can be usefully applied here, because religion as a coping strategy will be one of the core concepts in the analysis of the findings.

The empirical studies in this chapter suggest that religion can be a positive force for physical and mental health and that religion and spirituality increase in late adulthood. They also show that there is a positive connection between quality of life in older people and religion. Therefore, they will be useful for the present study in terms of understanding the relationship between quality of life in older people and religion. This understanding will be helpful for analysing the findings of the study.

In summary, I will explore the role of religious belief and practices in the lives of older men in Saudi nursing homes on the basis of the theoretical literature and the available empirical evidence.

Conclusion

This chapter has been divided into two sections, dealing with the general conceptual definitions of terms such as 'quality of life' and 'well-being', which constitute an important aspect of the study in its exploration of older people's lives with special reference to the role of religion in their experience. The second section reviewed some sociological and psychological theories and the literature on religion in the lives of older people. The above studies show that religion generally has a positive impact on older people. Several different indicators are associated with a variety of positive

outcomes. However, there is a need to investigate the role of religion in the lives of older people who belong to different belief systems and faith traditions. Although the last part of the chapter reviewed some relevant research on older people in the Islamic Arab world, the existing literature appears to be overwhelmingly based on Western religious and cultural contexts. Another point discussed in this chapter is the subjective assessment of the role of religion in the lives of older people and its advantages.

Subjective assessment has been addressed in this chapter because it will define the methodology of the present study. The choice of qualitative methods has been justified by pointing out the subjective and cultural nature of the research topic. These reasons or justifications will be discussed in more detail in Chapter Five and Chapter Ten. The chapter concluded by summarising the relevance of the aims and objectives of the present study and reviewed theoretical and empirical studies on the role of religion in human life.

The next chapter will be about the welfare system and social care for older people in Saudi Arabia. It will first describe some similarities and differences between Saudi Arabia and other Arab countries, as this information may be useful in terms of understanding the political and social systems of this region and their impact on people. It will also describe some current aspects of the society in question, such as its population and age structure, trends toward urbanisation, wealth distribution, family structure and foreign residents. The phenomenon of the increasing number of older people in developing countries, developments in the social services and nursing

homes in Saudi Arabia and some previous studies on Saudi Arabia's older population will also be reviewed in the next chapter.

CHAPTER THREE

Saudi Arabia, Its Welfare System and Social Care for Older People

Introduction

In this chapter, I will review the literature regarding some aspects of Saudi society and its welfare system and social care for older people. This information may be useful because it provides a wider context for the lives of the older men who participated in this study. The chapter will first describe some similarities and differences between Saudi Arabia and other Arab countries. In addition, the chapter provides information about the increased number of older people world-wide, particularly in the group of developing countries which includes Saudi Arabia. Moreover, the chapter focuses on contemporary Saudi society and the establishment of modern social services, with special reference to the development of public nursing homes in Saudi Arabia. This is an important issue affecting the social care of older people, on which the present study focuses. Following this, some recent empirical research exploring different aspects of older people's lives in Saudi Arabia, i.e., the issues or problems facing them and their general needs will be critically reviewed.

Saudi Arabia and Other Arab Countries in the Middle East: Similarities and Differences

Middle East Countries in General

In this section, information about the Middle East region and some similarities and differences between its countries will be presented. Although the main focus of this chapter will be on Saudi society and the country's welfare system and social care for older people, it may be useful to shed some light on the Middle East region and Arab countries in particular, as Saudi Arabia is one of them. Presenting differences and similarities may be helpful for drawing out the specific aspects of Saudi society by comparing and contrasting Saudi Arabia with other Arab countries.

The Middle East can be defined to include Algeria, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Syria, Tunisia, the United Arab Emirates (UAE) and Yemen. It is a group of 18 nations covering approximately 4.3 million square miles. It is home to more than 326 million people. Populations also vary greatly, ranging from Qatar, with fewer than one million people, to Egypt, with 71 million. In addition to these countries, some other countries might be described as Middle Eastern, such as Iran and Turkey (Alexian Brothers Health System, 2004).

The nations of the Middle East exhibit a variety of socio-political environments, yet share some underlying characteristics. First, minerals and fossil fuels dominate the area's economy, constituting 88% of the region's Gross National Product, since about two-thirds of the world's oil is located in the Middle East. Second, the region's population is overwhelmingly Muslim: only Israel has a Muslim population in the

minority. It should be mentioned that three major monotheistic religions – Christianity, Judaism and Islam – are found and originated in the Middle East. Third, the area is largely arid or semi-arid, with little surface water and strained groundwater resources. Finally, high birth rates combined with low death rates have resulted in a rapid population growth and very young populations (Peterson, 2001). Since the 1970s, international demand for oil has provided high incomes for several Gulf States, improving the overall standard of living for some individuals, yet exaggerating income inequalities. Fertility rates have also remained relatively high, placing stress on natural resources and the oil-dependent economies (Population Resource Centre, 2003).

In contrast to popular assumptions, many Middle Eastern countries have fairly heterogeneous ethnic compositions. There are significant Kurdish populations in Iraq, Syria and Iran, and substantial Berber populations in north-western Africa. Several Gulf States host large numbers of guest workers from South Asia. Israel and Iran are the only nations without ethnic Arab majorities. Most Middle Eastern countries practise Islam and speak Arabic; exceptions are Israel, which speaks primarily Hebrew, and Iran, which speaks Persian. Yet the various ethnic minorities in these countries often speak several different languages. Moreover, English and French are common trade languages (Fisher, 1990; Population Resource Centre, 2003).

Arab Population

Although projections depict a slower rate of population growth, the region's population is expected to more than double by 2050 to 632 million individuals. According to the United Nations' estimation, Saudi Arabia and Yemen are expected to grow almost fourfold by 2050: from 24 million to 91 million and from 19 million to

71 million, respectively. Egypt and Iran are predicted to have populations of over 100 million in 2050. Low mortality rates, along with high fertility rates and worker migration, have contributed to these population growth rates which are among the highest in the world. Since 1960, the region's population has more than tripled, from 106 million to 326 million people. The largest population gain for the region was in Iran, whose population has grown by almost 50 million people since 1960 (United Nation, 2003).

Most countries in the Middle East have recently experienced a decline in the rural population. The primary factor driving population growth in the Middle East may be its extremely high fertility rates (Population Resource Centre, 2003). According to the United Nations Report (2003), although the average Total Fertility Rate (TFR) for the Arab countries declined from 6.2 children per woman in the period 1980-1985 to 4.1 in the period 2000-2005, the TFR regional average remains above the replacement level of 2.1 children per woman and is also above the world average of 2.7 children per woman.

The young age structure, in which more than one third of the population of the region is under the age of 15, adds an unexpected momentum to population growth. The age group of 15-24-year-olds totalled 33 million in 1980 and 58.3 million in 2000; it is projected to increase to 69.9 million and 78.3 million by 2010 and 2020, respectively. The age group of 25-64-year-olds is expected to grow in size more rapidly than all the other age groups. The United Nations expects this group will add 40.8 million people to the working-age group between 2000 and 2010. The population of the region aged 25-64 in 1980 was 55.9 million, which increased by 52.8 million to reach a total of

108.7 million by 2000 and is projected to grow to 149.6 million by 2010 and 194 million by 2020. Similarly, between 1980 and 2010, this age group is projected to increase from 32.9% to 41.8% of the total population of the region. With regard to older people, the absolute number of people aged 65 and above doubled from 5.7 million in 1980 to 10.4 million in 2000 and is expected to increase to 14 million by 2010 and 21.3 million by 2020. In the Arab region, where the onset of a decline in the fertility rate is a relatively new trend, the increase in the absolute number of older people is also a relatively new phenomenon. However, a report from the United Nations (United Nations, 2003) emphasises that, in the wake of the rapidly changing demographic situation in the region, the need to meet the challenges from the increase in the absolute number of older people should be taken into consideration.

The States of the Gulf Co-operation Council (GCC)

Saudi Arabia's ties with the small Arab oil-producing states along its eastern flank have been historically close. The six GCC states (Saudi Arabia, Kuwait, Bahrain, Qatar, the United Arab Emirates and Oman) have much in common: socio-economic and political structures and political culture. Although they differ in their perceptions of threats, the GCC states define security in a very narrow, one-dimensional way: as the continuance of the status quo of the political regimes. These common elements were the formal declared reasons behind the formation of the GCC in 1981. Article 1 of the organisation's Basic Law explains that it was established as a result of the six states' "peculiar relations [and] shared characteristics and systems, based upon the Islamic doctrine." Article 4 declares the council's final goal to be the complete unification of the six states (al-Hamad, 1997).

Saudi Arabia took the lead in forming the GCC. The outbreak of the Iran-Iraq War in September 1980 provided the impetus which Riyadh needed to persuade its neighbours to join in a defensive pact (Goodman, 1989). On 4th February 1981, the foreign ministers of Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates signed a declaration bringing the Gulf Co-operation Council into existence. A few months later, on 25th May 1981, the leaders of the six states signed the Basic Law of the Co-operation Council for the Arab States of the Gulf (its Constitution), which calls on members to co-operate in all fields and has the eventual goal of political unification (al-Hamad, 1997).

The Gulf States, along with Jordan and Morocco, are the only remaining monarchies in the Middle East. Some important differences exist, however, between monarchs in Jordan and Morocco and monarchs in the Gulf States. Generally, in the past as well as the present, hereditary rulers and families in the Gulf evolved naturally from a traditional and harmonious environment and did not acquire or reacquire their positions with external assistance. The societal evolution of the Gulf States has been dramatic and rapid. Just a few short decades ago, the area was characterised by poverty; isolation from the outside world; and simpler communities than at present based on trade, fishing, pearling, farming and pastoralism. The initial period of transformation precipitated by increasing oil income, however, upset the balance between social groups, strengthened the control of the ruling families over the emerging states and introduced the insidious effects of wealth and privilege to rulers, their families and their political and economic allies (Peterson, 2001).

In summary, as has been mentioned above, there are some common features between Arab countries in different aspects. However, there are also some differences especially in the political systems of these countries. For example, some of these countries are republics; others are monarchies. Some have tried to build viable parliaments; others have avoided this. Some have experienced a wave of socialism, while others never attempted a socialist experiment (Brown, 2001).

The Most Notable Differences between Saudi Arabia and the Other Arab Countries

In the previous two sections, the general similarities and differences between Arab countries including Saudi Arabia were discussed. In this section, I want to shed some light on the most noticeable differences between Saudi Arabia in particular and the other Arab countries.

Šari'a courts

In addition to the differences which have been previously mentioned above, Saudi Arabia also stands distinct from the rest of the Arab world in that the Šari'a courts have never lost their status as courts of general jurisdiction and the Islamic Šari'a remains the fundamental basis of the legal system. This is not to say that other Arab states have no role for the Islamic Šari'a – far from it. The Islamic Šari'a is often accorded special constitutional status in the Arab world: it is taught in law schools, it informs vast areas of law (most notably personal status) and many countries strive to ensure that their legal order does not violate any clear provision of the Šari'a. The result in these other countries is an amalgamated legal system (generally combining a civil law orientation with the Islamic Šari'a). Traces of a similar amalgamation or hybrid systems can be found in parts of the Saudi legal order, but the foundation of the Saudi order is wholly Šari'a-based (Brown, 2001).

Public Segregation

The other distinction is public segregation. Social disapproval of men working with women is a phenomenon widespread in some Muslim and Arab countries, but Saudi Arabia is especially strict on this issue, with elaborate arrangements to keep the sexes apart, even to the extent of providing separate elevators in all buildings. The separation of the sexes in Saudi Arabia follows a government policy and is strictly applied in all public spheres. For example, in Saudi restaurants there is a separate section for "families", i.e., women. In all mosques there are separate sections for women. This separation also applies in professional areas. Women and men are separated at universities. They are also separated in professions, which women are increasingly practising, such as teaching both at girls' schools and in women's sections of universities. They are separated in some ministries where they work as social researchers and planners. The separation of the sexes is seen in separate branches of banks and in women's shops. In all the big shopping malls and commercial centres there are shops which are exclusively owned, run, patronised and staffed by women. These have very visible signs at the entrance reading: "For women only: men are forbidden to enter" (Yammany, 1996, p. 46) (for more information about the position of Saudi women, see Urbanisation and Development, below).

Contemporary Saudi Society

Saudi Population and its Age Structure

It is difficult to be sure exactly how serious the Kingdom's demographic challenge is. Government studies use advanced sampling techniques to obtain basic data about the population, and there is rough agreement on the total population and the number of native and foreign residents. However, there are no precise estimates of Saudi Arabia's past or current population. Consequently, much of the information needed to

understand Saudi Arabia's future labour problems is missing or contradictory. For example, the Saudi Ministry of Planning issued estimates in the Seventh Development Plan in 2000 which put the total population of the Kingdom at 21.4 million in 1999 – with 15.7 million being native Saudis and 5.7 million non-Saudis – using techniques developed for the 1992 population census. It estimated the total population of the Kingdom in 2020 at 29.7 million, a rise of 89.2% and forecast that the annual growth in the Saudi population of working age would remain high, ranging between 3.5% and 4.1% during 2000-2020 (Ministry of Planning, 2001).

The Saudi Central Department of Statistics, however, estimated in 2001 that Saudi Arabia's total population was 22.01 million in 2000; that the growth rate was 3.6% in 1995 and 3.2% in 2000; and that the average rate of growth was 2.9% in the period 1992-1999. It estimated that Saudis accounted for 16.2 million, or roughly 75% of the population, while non-Saudis accounted for 5.8 million or roughly 25.1%. It estimated that the native Saudi population increased at an average annual rate of 3.5% in the period 1995-2000 and rose from 13.59 to 16.21 million persons, or 73.4% of the total Saudi population. While the fertility rate of Saudi women had declined from the levels of over 6% which existed throughout the 1980s, it was still 5.5 infants per woman in 2000. This compared with a global average of 2.7. At the same time, the population was increasing in size because of the positive effects of improved healthcare, which have increased the life expectancy of the average Saudi to 72 years. As of 2000, some 73% of the population was 29 years of age or younger (Saudi Arabian Monetary Agency, 2001).

Outside estimates differ somewhat from Saudi estimates. US Census Bureau statistics indicate that Saudi Arabia had a total population of 22.02 million in 2000 (US Census Bureau, 2002). World Bank estimates, issued in 2001 and 2002, indicate that Saudi Arabia had a population of 20.7 million in 2000 and that the population would increase to 32.1 million in 2015 and 46 million in 2030 (World Bank, 2002).

According to a report from the United Nations (2002), the Saudi population in 2000 was 20,346,200 million (females 9,474,100 million; males 10,872,100 million). The age group of 0-14 year-olds totalled 8,734,800 million, the age group from 15-59-year-olds was 10,635,600 million in number and the age group comprising people of 60 years and over was 1,577,200 million.

All these estimates show that the extent to which the rate of Saudi population growth drops or does not drop after 2000 will have an immense impact on Saudi Arabia's stability, its political future and on its economic wealth and development. It will determine the size of the labour force, the scale of the problems created by unemployment, the burden in maintaining subsidies and welfare payments and the size of the required investment in infrastructure and education. As with compound interest, even small shifts can also have a massive cumulative impact. The Saudi government needs to make a clear plan about the future of Saudi society and the role of young Saudis in the society. Far too many educated Saudi women now face a dead end at the end of their education and most young Saudi men graduate into purposeless government and service sector jobs which offer little real future or productive value to the economy (Cordesman and Burke, 2002).

Trends Toward Urbanisation

Regardless of the differences between estimates, it is clear that extremely rapid population growth has taken place. This growth has been accompanied by social changes. What was once a rural and isolated Saudi society, divided into regional and tribal groups, has become a society that is largely urbanised, though tribal links still remain powerful. It is a society exposed to a wide range of electronic media and has become dependent on a modern, petroleum-driven economy (Cordesman and Burke, 2002).

Each region of Saudi Arabia has retained some members of the nomadic and semi-nomadic population: as recently as 1950 at least one-half the total population of the Kingdom was estimated to be nomadic. Today, Saudi Arabia is a Kingdom whose population is composed mainly of urban Muslims and only a small nomadic group of Bedouin (meaning nomads and usually associated with a camel-herding life in the desert). Since 1970 there has been a major shift from rural to urban living (Abul-Enein, 2002). About 86% of Saudi Arabia is urbanised, with its two main population centres, Riyadh, with an estimated 1.9 million, and Jeddah, with 1.8 million inhabitants, located around key areas of resource infrastructures. The rest of the major urbanised locations such as Dammam, Dhaaran, Al Khober, Makkah, Medina, Hofuf, Taif, Jubail, Yanbu and Abha are also located around major crude oil pipelines such as the east-west Petroline which runs from the Persian Gulf to the Red Sea. The cities which lie along the pipelines are located around major railways (Goetz, 2003).

Wealth Distribution in Saudi Arabia

The subject of wealth distribution in Saudi Arabia leads us to discuss the history of oil production which is the main factor of wealth in this country.

Oil production in Saudi Arabia began in 1938 when the government gave an oil concession to Standard Oil of California (Socal). Socal later merged with three other US firms (Esso, Texaco and Mobile) to form the Arabian American Oil Company – ARAMCO (Al-Rasheed, 2002). Thus began the exploration in the eastern part of Saudi Arabia and in 1938 the extraction of Saudi Arabian oil began. It should be stressed here that there was enough for both Saudi Arabia and the US; careful spending by the government of Saudi Arabia strengthened the Saudi regime and ensured long-term US access to the oil supplies which lay under the Saudi deserts. It was, therefore, a form of mutually dependent relationship; different economically and politically from that which the US had with its neo-colonial dependencies in Latin America and the Far East. The US interest lay in the rapid economic development of the host country, provided it maintained ‘stability’, and they were dealing with a regime which had a certain level of political autonomy. Unlike other US clients in the Third World, Saudi Arabia was not in need of financial aid: it had enough money from the oil revenues provided by ARAMCO and the US government was willing to encourage greater Saudi revenues because large-scale capitalist development benefited imperialism. Therefore, it is a mistake to see Saudi Arabia as merely a US colony with the appearance of independence. The wealth of Saudi Arabia and the political character of the ruling family enabled it to forge an alliance with the US in which its ruling class wielded a degree of real power consonant with the preservation of US interests (Halliday, 2002). The oil revenues, which in the 1950s had begun to change Saudi Arabia’s relatively poor and isolated society, had by the mid-1970s increased immensely. The third five-year development plan (1980-1985) was budgeted at \$250-300 billion (Ochsenwald, 1981). The pace of change was rapid and

could be perceived not merely from one year to another but indeed from month to month.

Oil in Saudi Arabia accounts for 90% of its exports, 40% of GDP and 75% of the government's revenue. It may continue to provide a reliable economic base for at least another century at current production rates and known recoverable reserves. The problem is that Saudi Arabia's combined current foreign and public debt is equal to nearly 100% of its estimated 2003 GDP of \$190 billion. This accumulation of debt can be attributed to poor spending habits in the past. Due to overspending, Saudi Arabia experienced budget deficits every year from 1981 to 2000. Public spending estimates for the sixth economic plan were overshoot by \$33 billion in 1999 and the second year of the seventh plan, 2002, was \$15 Billion over budget (Goetz, 2000, p. 20).

In 2000 total oil exports equalled \$72 billion but the government reported oil receipts which amounted only to \$57 billion. Saudi ARAMCO absorbed the difference, with the assumed excess going to the royal family stipend. Another reason for income leaving the country is that flight capital is invested abroad by the royal dynasty. Total investment outside Saudi Arabia is estimated at between \$800 billion and \$1 trillion, equal to an estimated 422%-528% of its annual GDP (World Bank, 2002).

Raphaeli (2000) asserts that, if the wealth in Saudi Arabia were not distributed justly between people, the gap between rich and poor would be very big. He adds that, assuming that the Princes closest to the King did not cut back their standard of living, an ever-increasing gap would exist between the haves and have-nots.

A fact which underscores this is the continued rise in living standards among the privileged. In 2002 Saudi incurred \$19 billion in credit card bills, an increase of 23% on the preceding year. The average interest charges for this year came to \$8,700, a figure equivalent to the per capita income of the average Saudi citizen (Janet Matthews Information Services, 2003).

The state, it was claimed, became rich, but it did not deal adequately with its wealth or distribute it equitably. For example, the Kingdom usually confines its reported data to its achievements and plans for the number of schools to be built, jobs to be created and hospital beds to be endowed. It does not analyse how the facilities and services provided meet the trends in demand and the growth of the Saudi population. As a result, virtually every benchmark and spending figure publicly reported by the Saudi government is useless in determining how well it meets the needs of the Saudi people or deals with the steady increase in Saudi Arabia's population (Cordesman and Burke, 2002).

There are also no figures on the distribution of income within Saudi Arabia and no meaningful data on unemployment. The Saudi Central Department of Statistics issued its first ever estimates of Saudi unemployment in September 2002. These data reported the situation at the end of 1999 and showed a native unemployment rate of 8.1%, with 6.8% for males and 15.8% for women. The unemployment rate for non-Saudi labour was put at 0.83%. These figures are extremely suspect, however, and assume that only 19.0% of the population and 35.3% of the population of working age actually participates in the labour force. This 19.0% compares with 33.0% in the rest of the Middle East, 41.0% in Latin America, 45.0% in Europe, 50.0% in the US and

56.0% in East Asia. Taken at face value, it implies that the sheer lack of Saudi participation in the labour force amounts to a socio-economic disaster and is a far worse problem than unemployment per se (Cordesman and Burke, 2002, p. 23).

Other estimates indicate, however, that direct Saudi unemployment among native males is 11.7% and not 6.8%. Rough estimates by outside experts of the combined impact of direct and disguised unemployment (unemployment plus employment in 'make-work' jobs with no meaning or productive output) put the figure at least at 17.0% and at levels which may reach 20-30% (Bourland, 2002).

The failure to look at income distribution makes the per capita income data of dubious value in a highly oligarchical monarchy where the rich seem to be getting richer while the per capita income of the middle class seems to be declining and where poor Saudis seem to be getting poorer in relative terms (Cordesman and Burke, 2002).

This Saudi unwillingness to provide realistic unemployment data as Cordesman and Burke (2002, p. 24) argue seems to be a deliberate failure to come to grips with some of the critical problems in Saudi's demographics and is compounded by an unwillingness to analyse disguised unemployment and employment in terms of productivity gains. This hides major problems in employing native Saudis in government and private sector jobs which do little more than 'make work for political and family reasons', problems in Saudisation (this is the government's attempt to replace foreign workers with Saudi workers) and problems in making productive use of women. The Kingdom has no meaningful data on job retention and training, which makes its estimates of Saudisation uncertain, to say the least; moreover, it has no

regional or sectoral data to track employment, Saudisation and per capita income trends in detail. These are crippling deficiencies from the viewpoint of development planning and compound the problems created by a recent tendency to politicise other aspects of econometric data (Raphaeli, 2003).

The perceived corruption and mismanagement of wealth, as well as the inequality in the distribution of welfare, are the keys to the younger generation's criticism and the calls for justice. For example, Yamani (2000) describes in her book the views of Saudi's new generation, their hopes and their fears. She interviewed a broad cross-section of young people from Saudi Arabia and those interviewed expressed considerable frustration with what they saw as the constraining and negative effects of continuity. Although the new generations are united in recognising the problem of economic decline, there are competing views about the sources of the problem and ways to tackle it. The policy option of raising revenue by direct taxation of the indigenous population has brought to the surface previously latent criticisms of the government. Now that economic resources are perceived to be increasingly becoming scarce, their distribution has become a key issue. Although there is no organised movement demanding equality of distribution, there are calls for greater transparency in economic decision-making. The new generation wants the system to be much more equitable, especially on the issue of welfare provision, and some are angry that patronage and influence lead to great inequalities of wealth distribution. Yamani adds that there was general agreement among all the interviewees in her study that the distribution of state welfare provision was a problem. For those marginalised or with no access to patronage, this gave rise to a strong sense of resentment and alienation from the state.

Access to Political Influence

It can be said that the 'ulama' (religious scholars), tribal leaders, wealthy merchants and technocrats constituted the four major groups which have in the past enjoyed varying degrees of access to political influence.

Generally, the 'ulama's position improves or worsens according to the government's attitude toward Islam. Their support for the ruler has been a common requirement throughout the centuries, regardless of whether it was coerced or given freely. Saudi Arabia was built with the support and approval of the 'ulama; thus their historical relationship gives them direct access to the monarchy. Muhammad ibn Saud (monarch, died 1765) was able to weaken and overcome diverse tribal affiliations and establish the Kingdom by allying himself with Muhammad ibn Abd-al-Wahab (Gibreel, 2001).

The Council of Senior 'Ulama had a symbiotic relationship with the Saudi government. In return for official recognition of their special religious authority, the leading 'ulama provided tacit approval and, when requested, public sanction for potentially controversial policies. Because Saudi kings esteemed their Islamic credentials as custodians of the holy cities of Makkah and Medina, they considered the support of the 'ulama to be critical. For example, in 1979 members of the Council of Senior 'Ulama signed the religious edict (*fatwa*) which sanctioned the use of force to subdue the armed dissidents who had occupied the Grand Mosque in Makkah, Islam's holiest shrine (Al-Hedaithy, 1989). In short, prestige still strongly adheres to religious scholarship and especially to the groups of scholars whose religious authority is recognised by the rulers and who are employed in the government bureaucracy.

Although religion has a great impact on shaping Saudi identity, the tribe also remains a central focus of identity for those claiming a tribal affiliation. Contemporary tribal leadership continues to play a pivotal role in relations between individuals and the central government, particularly among those who were recently settled or are still nomadic. Traditionally, the tribal leader (šayḥ) governs by consensus. Šayḥs acquire influence through their ability to mediate disputes and persuade their peers to a given course of action. The qualities which their position demands are a detailed grasp of tribal affairs, a reputation for giving good advice and generosity. Šayḥs are essentially arbitrators; the process of resolving disputes reflects the tribe's egalitarian ethos. Šayḥs do not lead discussions but carefully ascertain everyone's opinion on a given question. Consensus is necessary before action is taken. To force a decision is to undermine one's influence; leaders are effective only as long as they conform to the tribe's expectations (Doumato, 1992).

The working relationship between the monarchy and the tribal leaders is viewed in much the same framework as the traditional relationship between the šayḥ and the members of the tribe. In fact, the same framework of the relationship between tribal šayḥ and tribal members is the model for the ideal relationship between the monarchy and all Saudi citizens. Just as the tribal šayḥ is expected to mediate disputes and assure the welfare of his group by receiving tribute and dispensing largesse, governors in the provinces and the King himself continue the custom of holding an open audience (majlis) at which any tribesman or other citizens may gain a hearing. The largesse of the šayḥ is dispensed not in the form of direct handouts of food or clothing, as in the past, but through the institutions of the state bureaucracy in the

form of free medical care, welfare payments, grants for housing, lucrative contracts and government jobs (Doumato, 1992; Yamani, 2000). In summary, tribal leaders still exercise significant influence in local politics.

Merchant families can also have access to political influence. During the long reign of King Abd al Aziz, the royal family depended on such financial dynasties for financial support. The sons of Abd al Aziz continued to consult regularly with business leaders and appointed members of their families to government positions, including the Council of Ministers and the diplomatic corps (Doumato, 1992).

The social changes resulting from government-sponsored development projects helped to create a new class of Saudi professionals and technocrats. These people comprised an urban-based, Western-educated elite, which emerged from both the traditional merchant class and low-status families. Since the mid-1970s, most of the cabinet appointees to the Council of Ministers have been members of this group.

Oil money resulted in major shifts and changes in people's socio-economic status. Some became impoverished in relation to others who became very rich. Likewise, people moved from one region to another for the first time. Hence, a Hijazi might go to live in Riyadh, in the heart of Nejd, or to the Ahsa to work in the oil industry (Doumato, 1992).

Family Structure in Saudi Arabia

In the Saudi Arabian community, as in the rest of the Gulf States, the family context, which refers to the structure of units and the functions resulting from the interaction between these units, is characterised by close ties and obligations to the extended

family. The family unit may be the main source of security for each individual in it (Al-Sweel, 1993). The family consists of parents, children, grandparents, uncles, aunts and cousins. In the past, the Saudi Arabian family was large. The role and position of individuals in this type of structure are defined according to their sex and age.

A daughter lives at home until she is married and then moves to her husband's home. Sons may move to their own houses when they get married. At least one son, however, will continue to live in the family house, even if he is married, in order to look after his parents. When a Saudi Arabian woman marries, she does not change her surname. Some families arrange marriages; however, nowadays young people are more likely to give their opinion. A traditional Saudi Arabian wedding is an Islamic civil ceremony. Men pay dowries for their brides. The women can insert clauses into marriage contracts regarding property disputes, child custody and divorce (Al-Sweel, 1993).

However, this traditional structure has changed somewhat. This may be due to modernisation and the dramatic changes in the economy of Saudi Arabia, especially after the era known as the "oil revolution stage" in the 1970s and 1980s. This change has focused on the type of family structure rather than on the functions and values of the family system. Although the extended family is no longer the dominant type of family structure, strong social ties inside the family, traditional gender roles, family obligations which come before all others and respect for age are social family factors which still affect some individuals' roles in the Saudi community (Al-Garni, 2000).

Urbanisation and Development

The urban environment fostered new institutions, such as women's charitable societies, which fostered associations and activities for women outside the family network. Urban migration and wealth were breaking up the extended family household as young couples left their home towns and established themselves elsewhere in single-family homes. The increase in urbanisation has been matched by a major increase in the level of education. Education for women has also encouraged the rise of the nuclear family household (Cordesman and Burke, 2002). In spite of the limitations imposed by sex-segregation values, working women – and the kinds of places in which they worked – have grown in number (Doumato, 1991).

Since the early 1990s, women have started to be employed in banks, including banks exclusively for women, in utility and computer operations, in television and radio programming and in some ministries. They work as clerical assistants, journalists, teachers and administrators in girls' schools, as university professors and as social workers. In medicine, women are serving as doctors, pharmacists and more recently as nurses. Since the 1990s, women have proved themselves competent to succeed in employment which was previously culturally perceived as men's work, and, in the academic field, they have shown that they can be more successful than men.

The Saudi government reports that the number of males graduating annually from secondary school rose from 2,437 in 1970 to 68,643 in 1999, while the number of female graduates rose from 369 to 98,145. Female graduates totalled only 15% of all male graduates in 1970, but they had risen to 143% of male graduates in 1999. The number of males graduating annually from university rose from 795 in 1970 to 21,229 in 1999, while the number of female graduates rose from 13 to 21,721 – ending in a

total which slightly exceeded the number of male graduates (Ministry of Planning, 2002).

Many Saudi women have also become more confident in making a contribution to society by working outside the home. They have carved out for themselves positions of respect outside the family, whereas in the past one source of respect for women was being unknown outside the family. The practices of veiling and separation and the values underlying these practices, however, have not been dislodged. There is little expressed desire for such change because the practices are grounded in fundamental family values, religiously sanctioned and institutionalised by the government (Yamany, 1996).

Certain Western researchers who are interested in exploring Saudi society have noted these differences and have also drawn attention to some contradictions. For example, Wiley (1999) asserts that the Kingdom of Saudi Arabia is a nation of many contrasts and contradictions. He claims that Saudi Arabia is large and yet small, rich yet poor, closed but open, a public versus a private space, old and new, with the traditional alongside the high-tech. He adds that one-third of the Saudi population are foreign nationals who live and work there but are not – and will never become – Saudi citizens. The country has the world's largest reserves of oil and natural gas, but lacks ample water. The reason is that it lies over a fossil aquifer which contains a finite amount of water and which, in most years, is not recharged at a rate anywhere near replacement level. Proper care of its water resources is even more critical to the country's future well-being than of its oil.

From my standpoint, Wiley seems to have a good understanding of Saudi Arabia. For example, he describes the Kingdom as a closed society; it is very difficult to enter, but once inside the country, the visitor is struck by the openness, friendliness, generosity and hospitality of the Saudi people. These characteristics, as the author explains, are unfortunately not reflected in the international media, which shapes many people's image of countries around the world. He mentions that many studies attribute the true nature of the Saudi people to their desert origins and Islamic culture. The majority of Saudi people highly value their religion and intend to preserve its force in their legal and social life. Most Saudis consider the Islamic Law their indigenous law, natural and inevitable (Vogel, 2000). Many of them invest much effort into helping visitors to realise that Islam is a peaceful religion; they are sensitive to the image of Islam portrayed by television and other news media in the West. They seek to disassociate violent activities from true Islam, arguing that these are no more representative of the religion than were the slave trade and colonising processes of Christianity in past centuries. Saudis condemn acts of terrorism of all kinds and conveyed this message through their delegation to the Islamic Summit held in Teheran, Iran in late 1997 (Wiley, 1999).

Regarding gender, Wiley indicates that when thinking of Saudi Arabia, many Westerners focus upon gender issues, conjuring up images of heavily veiled, oppressed women. There are, certainly, numerous limitations placed upon women, particularly involving their mobility in what Saudis describe as public space, meaning outside the home. Within private space, women exercise much greater authority, though this remains invisible to nearly all outsiders. Saudi women do have the right

to initiate divorce, to own and inherit property and to obtain an education up to university level.

I think that Wiley's description of Saudi Arabia reflects a deep understanding and a fair judgement of this society, although his assertion that foreign people who live in Saudi Arabia can never become Saudi citizens should perhaps be qualified. I believe that this policy depends on the needs of the society and the country, which may change in the future. Overall, Wiley paints a realistic picture of Saudi society; he may be even more accurate in his analysis than Saudis themselves. It should be noted that the challenges which Saudis experience today are also increasingly being acknowledged by Saudi researchers. For example, Yamany (2000), a Saudi sociologist, explores the process of change which has been taking place in Saudi Arabia for more than three decades and, more importantly, discusses the implications for social change of the newly emerging Saudi identity among the youth in Saudi Arabia (see Recent Developments, below).

Foreign Residents

As noted above, it is difficult to know the exact numbers of the Saudi population and the size of the non-Saudi population, as estimates differ. For example, Wiley (1999) indicates that there are few countries in the world which have a higher percentage of foreign residents among their population than does Saudi Arabia, its neighbours in the Gulf being the primary exceptions. The almost six million foreigners include many so-called "expatriates," the term normally applied to professionals and businessmen who mostly come from developed countries, but these people are only a small minority within the total (Wiley, 1999).

The Saudi Central Department of Statistics in 2001 indicated that the size of the foreign population increased at an average annual rate of 2.1% in the period 1995-2000 and from 5.21 to 5.80 million, or 26.4% of the total. The Western region was home to 25.2% of the population, Al-Riyadh had 22.5% and the Eastern province had 14.5% (Saudi Arabian Monetary Agency, 2001).

The rapid growth of the economy, due to oil production, caused and increased the demand for skilled foreign workers, who began to enter the country in large numbers for the first time since the discovery of oil. The oil economy led to contact with foreigners by large sections of the Saudi population, with Westerners and non-Muslims entering the Kingdom for the first time. Saudis also began to meet other Arabs from Egypt, Palestine, Jordan, Syria and Iraq. This latter group has political influence as advisers to the King and social and educational influence as teachers in schools. During the 1950s, many of these Arabs from neighbouring countries acquired Saudi citizenship (Yamani, 2000).

The vast majority of guest workers are referred to as 'Third Country Nationals'. Their origins usually lie in less-developed parts of the world and they hold jobs in the tertiary, construction and other sectors where Saudis have no desire to work and, given the welfare state, have no need to. They work on a contractual basis, having been recruited in their home country by the company or organisation which then becomes their "sponsor" for entry into the Kingdom. Many of these workers come from other Islamic countries, particularly Pakistan and Bangladesh, but also from African states such as Sudan and Somalia. The adjustment of the last group to life in Saudi Arabia is smoother than that of the rest as they at least can share the religious

aspects of the host culture. India is another important source, along with Sri Lanka and the Philippines. These workers, as Wiley (1999) reports, are able to earn much higher salaries in the Kingdom than would be possible at home. Most, though not all, are young men who come without their families; the remittances that they send home are important sources of foreign exchange for the countries involved and of course they also contribute to the rise in their own family's higher material standard of living.

The possible disadvantage of Saudi Arabia's present dependence on legal and illegal foreign labour, as Cordesman and Burke (2002) argue, is that expelling most of the foreign population could, in theory, create large numbers of job openings for young Saudis as they mature and enter the labour force. However, this level of dependence on foreign labour stems from the fact that many non-Saudis are working in jobs which young Saudis do not prefer, which often have little or no social kudos and where the productivity is often so low that the jobs would not exist in their present form if the employer had to pay Saudi natives. There were some 1.7 million foreign females in the Kingdom in 1999. Nearly one million were in the 15-49 age group and a very large number worked as servants.

These jobs are not going to be taken by Saudi men or women, at least in the near future. Similarly, Saudi officials estimate that something like 800,000 foreign males out of a total of 3.3 million work in low-status jobs (Saudi Arabian Monetary Agency, 2000). Turning Saudisation theory into practice means restructuring much of the present labour market to create the new types of knowledge-based jobs which young Saudis want and expelling and replacing roughly two million foreign workers over the next decade.

Data issued by the Saudi Central Department of Statistics in September 2002 shows that native Saudis earn about two to three times as much as non-Saudis, even in low status jobs. The average Saudi earned 84,516 Riyals (\$22,538) a year while the average non-Saudi earned 37,860 Riyals (\$10,096) a year. It is obvious that the Saudi economy cannot afford to replace current non-Saudi jobs at twice their present cost, much less three times the present cost. Even if Saudis wanted jobs at the bottom of the labour market, Saudisation could not possibly occur at anything remotely approaching a one-for-one basis (Brad, 2002).

Foreign jobs have other negative economic consequences. For example, most foreigners send capital out to their home countries and almost none invests his/her savings in Saudi Arabia. Foreign workers face major barriers in any kind of entrepreneurial activity. Therefore, the Kingdom, as Cordesman and Burke (2002) suggest, must organise its infrastructure and many of its social services to support foreign labour, and significant numbers of foreign workers should become *de facto* permanent residents – both legally and illegally.

The Increasing Number of Older People in Developing Countries, including Saudi Arabia

In developing countries, the results of improvements in healthcare and the economy in general has currently lengthened people's life expectancy, automatically giving rise to a possible increase in the number of older people in these countries. This section will discuss this issue as Saudi Arabia is one of these countries.

The issue of increasing numbers of older people has become very important all over the world, because these numbers are rising steadily. These days older people are expected to live longer. There has been a world-wide increase in life expectancy, especially in developed countries. Some of the older people may suffer during this stage of their lives, e.g., from different illnesses and/or their inability to take care of themselves. In this case, the need for institutional care will be increased if other sources of help are unavailable or cannot be afforded by those who need them.

The number of older people, particularly in Third World countries, is still expected to increase in the few next years. Some studies, such as Bond et al. (1996), show that in the next twenty years the number of people aged 60 and over throughout the world is expected to increase. The number of this population is expected to be 1,000 million in the near future. The increase, particularly in Third World countries, is expected to be much more marked than in Europe and North America, due mainly to the significant improvement in infant mortality in the last thirty years (Bond et al., 1996).

According to the UN report on Population Ageing (1950-2050), globally the population of older people is growing by 2% each year, considerably faster than the size of the population as a whole. For at least the next 25 years, the older population is expected to continue growing more rapidly than other age groups. The same report adds that, as the pace of the population's ageing is much faster in developing countries than in developed countries, developing countries will have less time to adjust to the consequences of population ageing. The report concludes that the decline in fertility, reinforced by increasing longevity, has produced and will continue to produce unexpected changes in the structure of all societies. By implication there

will be important consequences for all societies of having a high percentage of older people (United Nations, 2002).

This parallels a report from the United Nations about Saudi Arabia, which indicates that the percentage of older people is expected to further increase, due to improvements in socio-economic standards and healthcare. For example, life expectancy was due to increase from 63.3 years in 1990 to 69.3 years in 2000 (United Nations, 1990).

A recent study conducted by Al-shammari and Al-subial (1999) of Saudi Arabian older people shows that 50% of the Saudi population is below 16 years of age. Saudi's older people constitute about 15% of the total population. This percentage is expected to further increase due to improvements in socio-economic standards and healthcare.

A study by Margolis et al. (2003) of the United Arab Emirate (a country which, like Saudi Arabia, is a Gulf country and is similar to it in many respects), concludes that the people surveyed demonstrated similar levels of functional capacity to their US counterparts and lower levels of chronic illness, with the exception of diabetes. This means that their health status, in general, may be similar to or higher than that of a developed country. The absence of a surge in ill-health with age in the study group and the similarity with US normative data suggests, as the authors assert, that older people are in extremely good health, especially considering that health facilities in the UAE began to be available only in the 1960s; the people now entering old age are generally in better health and more able than those of earlier generations.

The increasing number of older people in developing countries, including Saudi Arabia, has some consequences and impacts in the areas of socio-economics, health and social security. For example, a report about older people in the Arab countries from the United Nations (2004) indicates that, in most developed countries, older people receive some income as social security. This form of welfare assistance is largely absent in developing countries. Where such provisions exist, they generally extend only to retired employees of the public or formal sectors through pension and contributory provident funds. Most of the population in these countries, as the report emphasises, are, therefore, compelled to rely exclusively on private savings or donations from families and charities (United Nations, 2004).

The same report emphasises that the lack of or limited coverage of formal social security plans in the Arab region has several implications on the economic well-being of older people. One of the implications is that a significant proportion of the population past retirement age continues to work, even when the state of their health deteriorates. In many cases, this participation in the labour force by older people results from a lack of adequate coverage under social security schemes, which compels older people to continue to seek their daily livelihood. “While there is no uniform policy across the region with regard to social security schemes, coverage and retirement age, most Arab states fully recognise the need to develop social security systems which ensure greater inter-generational and intra-generational equity and solidarity and provide support to older people through the encouragement of

multigenerational families and long-term support and services for growing numbers of frail older people.” (United Nations, 2004, p. 27)

The report adds that ongoing social change in the Arab region, due to the proliferation and diffusion of Western culture could have an adverse effect on the traditional social support system. While some older people in Arab societies currently enjoy a great degree of care and support in their families, an increase in nuclear living arrangements among the young diminishes the extended family system and weakens this care and support for older people. Without such familial care, as the report asserts, older people could be compelled to relocate to nursing homes. Consequently, Arab governments need to strengthen the formal and informal support systems for older people with the collaboration of non-governmental organisations and the private sector. The report concludes that older people can continue to participate fully in society and lead self-determined, healthy and productive lives. “Their self-reliance and sense of purpose need only the support of governments, non-governmental organisations and families.” (United Nations, 2004, p. 28).

For those who do not have familial care and are compelled to live in nursing homes, the quality of life in general in these facilities and their personal/psychological well-being in particular will become increasingly important. As the number of older people continues to grow, health planners, policy makers, decision-makers and healthcare workers will also need to re-orientate their thinking to incorporate the care of the elderly in a new and wider focus (Andrews, 1987).

Social Services and the Development of Nursing Homes in Saudi Arabia

Social Services in General

The subject of social services in Saudi Arabia brings us to the question of this country's development programmes, as it has seen many programmes and projects supervised by the United Nations.

The United Nations Development Programme started its activities and operations in 1957, using the name of the Technical Assistance Board (TAB) under an agreement between the government of Saudi Arabia and the United Nations. In 1960-1961 another agreement was concluded between the government and the United Nations, still under the aegis of the Technical Assistance Board. In 1970, the name of the Technical Assistance Board was changed to the United Nations Development Programme and its representation in Saudi Arabia became known as the United Nations Development Programme Office in Riyadh (Al-Farsy, 1986).

Projects supervised by the United Nations agencies are initiated by mutual consultation between the government of Saudi Arabia and the United Nations, both guided by the priorities of the Kingdom's relevant Five-Year Plan. For example, the Centre for Training and Applied Research in Community Development was inaugurated on 16th June 1970, under an agreement between the Saudi government, represented by the Minister of Labour and Social Affairs and the United Nations Development Programme and Technical Co-operation Office (UNDP-TC), represented by the United Nations Resident Representative in Riyadh. The project was launched on 1st July 1970. One of the major objectives and aims of the centre was the development of social research, as well as social studies, as a basic dimension in the community development process. The centre believed that analysing the

existing circumstances and the further evolution of the human and material elements at hand, along with the declared need for development, are essential for planning in developing nations. The planning of social programmes, aimed at eliminating existing hindrances to the welfare and progress of society, calls for the identification of the important elements influencing communities, as well as the social problems which have resulted from change (Al-Farsy, 1990).

The centre's training programmes began on 19th December 1971. The Community Development Programme in Saudi Arabia is a multi-purpose and co-ordinated activity with the ultimate intention of meeting major community needs, including those of older people. Its final goal is to develop human resources by providing opportunities for decision-making and self-reliance, for exercising responsibility and acquiring positive social attitudes. The Saudi government regards this programme as an essential factor in its national development plan – one of a series of Five-Year Plans – for social and economic progress. The community development programme is also considered an integral part of the overall national development programme of the Kingdom. According to the First Five-Year Plan which started in 1970, “the community development programme seeks to co-ordinate government services with community efforts to maximise the use of local, economic and social resources for the improvement of the welfare of the country” (Al-Farsy, 1986).

Saudi Arabia has indeed had an extensive exchange with the West, but this began in the last century and became hectic and invasive only from the 1970s onward. In the last few decades the country has undergone an immense material transformation, accompanied by far-reaching cultural impacts, which affect the law as well. Saudi

Arabia has created legal institutions which appear modern and Western, such as the numerous “decree laws” or “regulations”, including laws on such matters as labour relations, commercial papers, traffic rules, social security and government tenders (Vogel, 2000). As a result, progress has been made in different programmes or realms, such as the social services, including institutional care, social security, community development and service centres. Amongst the social services provided by the state are programmes designed to improve living conditions for the population and to smooth the processes related to the rapid transformation of the socio-economic system. There are a number of services for social rehabilitation, care and remedial work, designed to assist the physically or mentally disadvantaged, to protect vulnerable members of society and to deal with such problems as juvenile delinquency. Special attention is given to raising the living standards of the poorest sections of the community, particularly in the villages and the less developed districts of the towns and cities (Al-Farsy, 1990). Throughout 1971-1972, the government was operating ten social centres, seven for boys and three for girls. These centres provided care, food, clothing, lodging, education and training. In 1972, the Council of Ministers approved the establishment of an orphanage in Makkah to care for foreign children, together with four residential homes for older people and disabled people throughout the Kingdom, while preparations were being made to establish a fifth in the Asir area by 1973 (Ministry of Labour and Social Affairs, 1990).

Social Insurance Programme

Social insurance in the Kingdom of Saudi Arabia consists of three schemes. The first is the Civil Retirement Scheme, which covers civil permanent employees of the government holding positions provided under the state’s budget. The second is the Military Retirement Scheme, which covers military employees. The third scheme is

the Social Insurance Scheme managed by the General Organisation for Social Insurance (GOSI). It covers all employees in the private sector, labourers in government and semi-state bodies not covered by the Civil Retirement Scheme (Al-habdan, 2004).

A government social insurance programme has been in place since 1962 through an independent agency established by a Royal Decree and a number of offices. The aim of this agency is to provide help to needy people in the form of pensions (to orphans, older people, disabled people and destitute women) and social help (to the partially disabled, families of prisoners and people affected by natural and other disasters) (United Nations, 2002).

It should be noted that, in addition to the government's social insurance, there are also voluntary organisations composed of citizens interested in social work. These voluntary organisations are involved in different activities and programmes as follows: monthly assistance; assistance in kind; assistance to patients; assistance with the marriage of young individuals of limited means; assistance to older people who lack support from their relatives (Ministry of Labour and Social Affairs, 1991); the provision of services to the tenants of charitable buildings in the holy places; the establishment of hospitality homes to families in need of urgent care; help for orphans and disabled people and their families; help for the families of prisoners; establishment of shelter centres; establishment of centres for physiotherapy; the establishment of medical complexes; the establishment of education centres for disabled people; the establishment of technical education centres; and the issuing of medical kits to disabled people (United Nations, 2002).

Before the introduction of the social care system which included the provision for the elderly, there were voluntary religious charities and institutions which mainly responded to and accommodated the needs of older people who lacked the support of a family. The *waqf* (endowment) system is one of the religious charities which contribute to social welfare in Saudi Arabia. Muslims believe that Waqf is a form of *Ṣadaqa jariya* (continuous charity) (Al Asali, 1983). Waqf, in the Arabic language, means ‘hold, confinement or prohibition’. The word Waqf is used in Islam in the meaning of holding certain property and preserving it for the exclusive benefit of certain objects of philanthropy and prohibiting any other use or disposition of it. In the middle of the nineteenth century, a special ministry was established for Waqf in the Ottoman Empire and the laws of Waqf were enacted. The most important among them was the Law of Awqaf of Nov. 29, 1863. This law remained in application in Saudi Arabia and in several countries (e.g., Turkey, Syria, Iraq, Lebanon, Palestine) for many years after the dismemberment of the Ottoman Empire in 1918. At present, most Muslim countries have either Ministries or Departments of Awqaf and religious affairs combined (in Saudi Arabia it is the Ministry of Mosques and Awqaf) (Nagata, 2002).

The ownership of Waqf property lies outside the person who creates the Waqf. Some Muslim jurists argue that the right of ownership of Waqf belongs to Allah. Others believe that it belongs to the beneficiaries, although their ownership is not completed in the sense that they are not permitted to dispose of the property or use it in any way different from what was decreed by the founder of the Waqf. In this regard, Waqf differs from a foundation since the management of a foundation is usually able to sell

its property. This implies that perpetuity is stronger in Waqf than it is in foundations (Basar, 1987).

With regard to the management of Waqf, in principle, the Waqf founder determines the type of management of her/his Waqf. The Waqf manager is usually called the Nazir in Saudi Arabia and her/his responsibility is to administer the Waqf property in the best interests of the beneficiaries. The duties of the Nazir are first to preserve the property and next to maximise its revenues/benefits for the beneficiaries. The Waqf document usually mentions the manner in which the Nazir is compensated for this effort and if the document does not mention a compensation for her or him, she/he can either do it voluntarily or seek assignment of a compensation from the court (Al Asali, 1983).

As mentioned above, one of the major beneficiaries of Waqf is the category of the poor, the needy, orphans, older people and people in prisons. Therefore, some contemporary organisations encourage Muslims in different countries to revive the idea of Waqf by reminding them that Waqf is a form of *sadaqa jariya* (continuous charity) which according to Islam is one of the best forms of charity. For example, an Islamic Relief Organisation was established in Birmingham, England in 1984 and is an international relief organisation working in the field of emergency relief and long-term development of the world's poorest communities. This organisation has established the Waqf Future Fund which collects donations and directs them where they are needed (Islamic Relief, 2002).

The government's social insurance in Saudi Arabia has developed since its establishment through the receipt of heavy support from the government, which has increased its budget by four times. The increase in the social insurance budget ranged between 38% and 43%. The first budget for social insurance in the financial year 1962/1963 (covering pensions, help and administrative expenses) amounted to SR 24,656,000 while in the financial year 2000/2001 it reached SR 3,060 billion. The total charity value in the year 1999/2000 reached the amount of SR 119,979,410 (United Nations, 2002). The Ministry of Labour and Social Affairs has announced relief amounting to SR 50,000 for a technically qualified disabled person to establish a business in a specialist area (Ministry of Labour and Social Affairs, 2000).

With regard to the retirement arrangements, the government has embarked upon a retirement scheme for its citizens upon reaching a certain age and after working for a certain period of time. This system would provide them with a reasonable amount of money so that they could live respectably after retirement. The government deducts 9% of the salary of civil service personnel and adds to it 2% from its own budget. After 40 years of service, the employee gets the full salary as pension, and even with a shorter period of service no-one should get less than 1,500 Saudi Riyals per month. In the case of death, the inheritors receive the pension according to their share as per šari'a law. For military personnel, the period of service for a full salary as pension is 35 years rather than 40 years (Al-habdan, 2004).

In the private sector, if an employee is disabled in the course of work, she/he is compensated for this disability according to an assessment by the authorities of the

social insurance organisation. The employee pays 5% of salary into the scheme while the employer pays 8% (United Nations, 2002).

The body which administers National Insurance in Saudi Arabia is GOSI (the General Organisation for Social Insurance). It pays compensation in the form of allowances to eligible individuals and families. By the end of 1996 those insured totalled 6,000,000 individuals and corporate entities. Of this total 1,250,000 were classed as employees. The organisation had paid out over SR 17.29 billion out of the fund of annual contributions paid in by 1,600,000 participants in the scheme. Compensation payments for injuries in the workplace came to more than SR 1,079 million, under the scheme to which 390,000 contributors belong (Ministry of Labour and Social Affairs, 1999); see also Appendix E: Old Age, Disability and Survivors' Pensions in Saudi Arabia).

The government here also provides other services: the *specialist lending corporations*, whereby the government offers housing loans without commission (interest) to people who construct their own houses; the *Saudi Industrial Development Fund*, whereby the government offers long-term loans for industrial projects over five to ten years. By the end of the year 2000, the total amount of loans had reached 10 billion Saudi Riyals; the *Land Development Fund*, whereby the government funds the development of property in the villages and towns to discourage immigration; the *Saudi Arabian Agricultural Bank*, whereby the government gives agricultural loans to farmers to encourage the agricultural sector in the Kingdom. The government also gives agricultural relief for the purchase of farming equipment. The total value of loans by the end of the year 2000 had reached 26 billion Saudi Riyals. The government has

also established the Saudi credit bank to give marriage loans, refurbish homes and lend money to professionals who want to start a business. The government also donates land to needy people and to manufacturing entrepreneurs (United Nations, 2002b).

In all the social services programmes there is an emphasis on helping people wherever possible to help themselves. The objectives set out in the Fourth Development Plan were as follows:

1. To extend the scope of integrated social development activities with other service providers and citizen groups in order to meet the basic needs of disadvantaged groups and individuals.
2. To emphasise the social responsibility of the population for improving the standards of local communities and poor districts within cities through private sector activities.
3. To assist the population in improving their real standard of living by their own efforts and without reducing the incentives to work.
4. To extend social service programmes to all parts of the Kingdom and to all eligible persons.
5. To encourage family solidarity and support the desired socialisation of children.
6. To provide care for those requiring institutionalisation if it is impossible to deliver sufficient care in the family setting (Al-Farsy, 2001).

Nursing Homes in Saudi Arabia

Official documents concerning older people from the Department of Social Care in the Ministry of Labour and Social Affairs show that official or public care for older people was started by the government in 1953, when the first home for older people

(nursing home) was built in Al-Riyadh City, the capital of Saudi Arabia (the nursing home in Makkah and that in Medina were private until 1960). In 1956 this place of social care was placed under the administration or management of an orphans' care agency (Table 3.1). This agency used to administer or manage houses for orphans, juveniles and older people (Ministry of Labour and Social Affairs, 1990).

Table 3.1: Nursing homes and their date of establishment

NUMBER	NAME OF NURSING HOME	DATE OF ESTABLISHMENT
1	Nursing Home in Makkah	1934
2	Nursing Home in Medina	1937
3	Nursing Home in Riyadh	1953
4	Nursing Home in Dammam	1973
5	Nursing Home in Abha	1974
6	Nursing Home in Onasah	1976
7	Nursing Home in Aljof	1988
8	Nursing Home in Al-Taif	1990
9	Nursing Home in Wadey Aldwaser	1990
10	Nursing Home in Jazan	1992

Source: Ministry of Labour and Social Affairs, Saudi Arabia, 2000.

As various public institutions and organisations developed, particularly after the establishment of the Ministry of Labour and Social Affairs in 1960, all these homes came under the administration of this ministry. During this time, the Ministry of Labour and Social Affairs constructed official programmes for these homes with a view to organising them better. They also received funds from government budgets to be spent on services and different programmes or activities for older people and others (Ministry of Labour and Social Affairs, 1991).

The ministry changed the previous name from 'houses for elderly people' to 'nursing homes'. The reason for this was to demonstrate respect for older people and not let

them feel that they were different from other people. Reports from the Ministry of Labour and Social Affairs show that when this ministry was established there used to be three houses for older people, sited in Al-Riyadh, Makkah and Al-Medina City (Ministry of Labour and Social Affairs, 1992).

These social care institutions were not originally restricted to older people alone: 55% of the total who lived in these houses were in a different category, such as the disabled and those who suffered from mental illness. However, as the manager's assistant in the Makkah nursing home mentioned during the fieldwork for this study (field notes, 25-07-02, p. 3), everyone except the older people have since been settled in other places which are more suitable for them. These changes were made as a result of the increase in the number of older people who needed different treatment and the care of qualified and suitably skilled professionals.

At the same time, reports from the ministry in 1999 mentioned that the goal of the nursing homes was to deliver different kinds of care to every citizen, male or female, when they reached the age of sixty and became unable to work or to take care of themselves. Thus, they provided social, medical and psychological care in addition to educational and professional activities. Moreover, these nursing homes could provide care for all older people who had become ill and/or were referred from hospitals, providing they did not have infectious diseases or severe mental illness (Ministry of Labour and Social Affairs, 1999).

Usually, the decision to admit someone to nursing homes is based on the patient's loss of mobility, loss of bladder or bowel control and/or mental confusion. The underlying

disease may be arthritis, stroke, Alzheimer’s disease or some other degenerative condition (Alsadhan, 2000). Sometimes the reasons are social. For example, the older person may not be able to care for him/herself and may have no family or friends who are willing and able to provide assistance in the home. However, nursing homes impose other conditions as well. For example, these people should be Saudi citizens, have reached the age of sixty and, when assessed by social workers or counsellors, should have a medical report which recommends admission to one of these houses. The medical reports should confirm that these people have no infectious disease (Alhomaidy, 2000).

The report from the Ministry of Labour and Social Affairs (2000) shows that many older people have benefited from nursing homes. Table 3.2 shows the number of people who were admitted to a nursing home before 1998 (Ministry of Labour and Social Affairs, 2000).

Table 3.2: Number of people who were admitted to nursing homes between 1960 and 1997

YEARS	NUMBER OF HOUSES	MALE	FEMALE	TOTAL
1960-1965	3	734	209	943
1965-1970	3	625	204	829
1970-1975	5	526	252	778
1975-1980	7	639	598	1237
1980-1985	7	1230	862	2092
1985-1990	9	2434	1454	3888
1990-1995	10	3005	1810	4815
1995-1997	10	1058	668	1826

Source: Ministry of Labour and Social Affairs, Saudi Arabia, 2000

Recent Developments Concerning the Care of Older People in Saudi Arabia

In the last decade, some writers in Saudi Arabia have spoken and written about the position of older people and their relations with their children or relatives. It is true that most of these writings were not based on empirical studies but on the general observations of these writers – except for Yamani's study – and, therefore, they may not be reliable enough to provide a generalization for Saudi Society. However, it may be useful not to ignore them as they may help to create some expectations for future studies. The study carried out by Yamani (2000) is the most comprehensive study to examine the forces affecting the attitudes, motivation and aspirations of the newer generation in Saudi Arabia and explore the tensions between perceptions of tradition and modernity. Based on interviews with some seventy Saudis aged between fifteen and thirty, who were born in the 70s and early 80s, *Changed Identities*, presents a lively account of social change in Saudi Arabia. A Saudi-born female academic, Mai Yamani was able to interview both men and women (though some religious people insisted on talking to her by telephone); her interviewees also come from different regions of Saudi Arabia and different backgrounds, mostly from the broad middle class, but also from the royal family and other politically and commercially powerful families.

She examines the forces affecting the attitudes, motivations and aspirations of the new generation in Saudi Arabia and explores the tension between perceptions of tradition and modernity. Crucial to this is an explanation by the youth of Saudi Arabia themselves; of how they understand and explain this tension. Central to this debate is the way in which the ruling elite envisions meeting the challenge of the new generation, given the decline in the oil-based economy. While a redefinition of

patriarchy is inevitable, the globalisation of identities represents a significant concern for the new Saudi Arabia in terms of modernising an outdated education system and containing the emergent radical Islamic trends among Saudi youth.

Yamani also argues that families in Saudi Arabia are no longer the dominant sphere of socio-economic life; their role appears gradually to be growing more marginalised. She adds that the changes in Saudi society have been so swift that young people still do not have the cultural terms of reference to put this new society and their role within it into perspective. They were born during the peak of the oil boom of the 1970s, or at least before the downturn of 1984 and do not remember anything prior to oil; all notions of 'tradition', of a Bedouin past, indeed of a life lived primarily in the desert, have only been handed down to them through stories and recollections of two previous generations.

Some have become very concerned about the people who live in nursing homes. For example, Alghazawi (1990) points out that there is now growing concern, within Saudi society, about the signs of weakening in the relationship between younger and older people. He thinks that the increase in the number of older people who need to live in nursing homes is not a good sign. He believes that these developments reflect a change for the worse in Saudi society, which used to have strong relationships between all its members.

This concern is also widely discussed in several national newspapers. For example, two Saudi newspapers have published some interviews and reports suggesting the existence of such a phenomenon in Saudi society. Some of those interviewed by

journalists attributed this weakness in relations to the declining role of the family in society (Okaz Newspaper, 1996; Riyadh Newspaper, 1996). Social policy makers in Saudi Arabia also take this development seriously and are deeply worried that some people may begin to ignore the need to care for their parents and relatives (Ministry of Labour and Social Affairs, 2000).

As mentioned earlier, the process of urbanisation and modernisation and changes in the economic infrastructure impact on the structure of families and households in all societies. As a result, the extended family has become less cohesive. This is not to say that these changes have yet resulted in a lack of care for older people or that children are neglectful, as no evidence is presented other than the concerns of policy makers and the media in Saudi Arabia mentioned above. However, these concerns may indicate that the issues to do with older people in Saudi Arabia have become very important. For example, some of the princes and wealthy people in Riyadh City who are interested in the welfare of older people have tried to develop new ideas to assist this population or to construct a middle way which is compatible with Islam. The Prince Salman Centre of Social Care, which is discussed below, is one of these ideas (Al-Sweel, 1993).

Day Care in the Prince Salman Centre

Unlike nursing homes, this centre is a place where only day care is offered. People who supported the idea of establishing this centre believe that Saudi's older people need special care because religion requires believers to treat them with respect. They also believe that Saudi society should help both older people and their caregivers by providing them with the care and services which would make them more secure and confident. For example, older people are cared for in this centre during the day and

they can then go home or to the homes of their children or relatives at night (Alsadhan, 1998).

This centre is the only place in Saudi Arabia which has a day care facility for older people. People come to this centre in the morning to observe various practices or to take part in suitable activities. They can engage in religious, social, educational and health activities. Moreover, they can benefit from the library in this centre, which is well designed and has a range of books relating to different fields as well as daily newspapers.

The centre has many departments and offers many different programmes and activities. There are departments for educational activities and social work and social activities; a library and videotapes; a health club with a swimming pool, physiotherapy equipment, health clinic, fitness room, and special facilities for walking, football, basketball and tennis. Lecture rooms enable workshops and lectures to be held on subjects related to older people's interests. Computers give older people access to the Internet. There is also a large restaurant which has a variety of food cooked under the supervision of nutritionists, who take into consideration the kind of food that older people need (Alsadhan, 2000).

The above section summarises the trends and developments in social services and nursing homes in Saudi Arabia. It also discusses the current developments in the care of older people in Saudi Arabia. In the next section, some previous studies regarding Saudi older people will be discussed.

Research on Older People with Special Reference to Nursing Home Residents in Saudi Arabia

The studies to be reviewed are either about older people who live in nursing homes or concentrate on people who live with their families. These studies show different aspects of older people's lives, although the main focus is on their social, familial and economic life.

The aim of a study by Alkameis (1988), which was one of the first studies on older people in Saudi Arabia, was to analyse from the perspective of social work the role of the social care institutions which serve older people. It was a descriptive study using a case study approach. The sample of twenty older people was selected from a nursing home in Riyadh City. This study involved all the social workers in this nursing home and five experts from the Ministry of Labour and Social Affairs. The results of this study show that the age of most of the older people who lived in this nursing home was in the range of 60-70 years and that most were illiterate. Most were male and had worked in different areas before they came to this home. Furthermore, most of the older people in this nursing home had very low incomes, which was one of the reasons that they needed to live there. The study also showed that the marital lives of these people were not stable and most of them had no children or close relatives who could take care of them. Some of the older people had health problems, which were also reasons for coming or requesting to live in this home, as they felt that they could no longer take care of themselves.

With regard to the older women, Alkhameis (1988) indicates that most of them came to the nursing home by themselves and they wanted to remain there because they did

not have anybody on whom to depend. Finally, this study shows that the incidence of exchange visits between the older people in these homes and their relatives was very low.

With respect to the problems from which older Saudi people suffer, Jebreil (1990) considered a sample of 85 older people, both female and male, in Riyadh City. The results of this study show that the most important issues facing older people in Saudi Arabia were health problems. Most of the illnesses were connected with vision, dental disease or diabetes. The second problem which Saudi older people have is too much free time. There are no suitable facilities and places for older people to spend their free time. The third problem is social: the death of acquaintances, their need of help from others and the death of their spouses. The fourth problem is religious. For example, older people in Saudi Arabia, as this study shows, are afraid of death, not so much death itself, but of what will happen after death. Some of them feel that they have committed many sins and they are not sure whether God will forgive them. They feel guilty because they should have refrained from committing those sins. Some older people feel that they are ignorant about their religion, but hold the view that there is no excuse for this ignorance. The fifth problem for older people in Saudi Arabia is economic. Many older people did not save money and now do not know how to obtain more. Some of them have very small incomes, while their living expenses increase year by year. This study also indicates that there were no differences in these problems between males and females.

Studies Exploring the Needs of Older People in Saudi Arabia

It is difficult to know how the needs of older people in Saudi Arabia can best be met or how to resolve the difficulties affecting their quality of life. Shwaikah (1994)

conducted a study of older people both inside and outside the nursing homes in Riyadh City. The total sample consisted of 233 males and females. He shows that older people, both those living in nursing homes and those who live by themselves, have social, psychological, health and financial needs. Social needs include their need to be in contact with their families, their desire to have social relationships with others, their need to talk to people who can listen to them and understand their problems, to share with others on different occasions and to fill the free time they have with meaningful activities. Health needs include the need for long-term care and treatment. Older people need medication to be available or accessible at all times. They also, as this study indicates, need correct diagnoses of their mental and physical states. Older people have psychological needs, such as to feel important, to avoid feelings of loneliness and isolation and to be comfortable and satisfied with life. Economic needs include different ways to access money or financial support and to increase their incomes or pensions.

However, there are some obstacles to meeting the needs of older people in Saudi Arabia. Some are related to the institutions which serve these people and some are related to their relationships with others. For example, Rakha (1997) made a study of older people who live in a nursing home where the percentage of males is greater than that of females. The mean age for males was 73 years whilst that for females was 77 years. The majority of both sexes had poor education and low incomes. It is remarkable that half of these people had never married and approximately one-third of them were divorced or widowed (Rakha, 1997). Hence, we can infer that among the reasons why some of these people lived in nursing homes was that they had lived

alone for some time and they could no longer take care of themselves, or were not fit enough to do so.

The above studies, particularly those of Alkhameis (1988), Shwakeh (1994) and Jebreil (1990), can be said to be concerned with older people from the social work perspective. However, the samples in these studies were small and selected from both inside and outside social care institutions. In addition, all these studies were carried out only in Riyadh City, which means that their results should not be too hastily extrapolated to the whole of Saudi society, although some factors can be related to the wider society, such as the economic and educational background of older people.

The study by Alsadhan (2000), which was concerned with the reasons why older people in Saudi Arabia live in nursing homes, is more comprehensive than any previous studies. The sample of this study was selected from all Saudi nursing homes and indicates that the average percentage of older men in all the nursing homes was 60%, leaving a percentage of 40% of women. The research shows that the age of most of these older people was over 70 years and that the females tended to be older than the males. There were a large number of people who had severe dementia and other mental illnesses. Most of the older people who lived in nursing homes were Saudis, with few of a different nationality or without documents to confirm nationality. Most of the nursing home residents did not have partners. Only 7.4% were married; the remainder were divorced, widowed or had never been married. The study shows that illiteracy was widespread among the people in these nursing homes. Only 2% had some level of education. Most nursing home residents used to be farmers or had worked hard in low-paying jobs all their lives.

The study by Al-shammari and Al-subaie (1999) assesses the prevalence of depression and associated factors in older people in Saudi Arabia. It looks at 7,970 subjects in a cross-sectional national survey of the older population of Saudi Arabia. The response rate was 98.8% in males and 79.8% in females. The study shows that significant depressive symptoms were more common in the poorly educated, unemployed, divorced or widowed, very old and female, as well as in those living in rural and remote areas. Also, significant depression was associated with the loss of a close relative, living alone and limited participation in recreational activities. Rapid industrialisation and modernisation probably contribute to older people's dissatisfaction with housing standards. Besides unemployment, lower incomes, social isolation and being dependent on others for the fulfilment of personal needs were associated in this study with depressive feelings and disorders. The researchers added that the lack of epidemiological studies on the prevalence of depression in other age groups in Saudi Arabia, makes it difficult for them to examine the effect of age in their study, although it seems that the proportion of depressed subjects increases with age.

Al-subaie's (1999) study provides some background to the different causes of the depression which affects some older people in Saudi Arabia. It also shows that Saudi's older people do not appear to seek help when they feel depressed. From the perspective of the present research, one of the shortcomings of this study is the fact that it did not include older people in nursing homes. Depression may be widespread also among nursing home residents because many of them either do not have families or friends who can support them emotionally or because their families neglect them.

Indeed, this study may indicate indirectly that some Saudi researchers do not consider nursing home residents at all. Many people, including researchers in Saudi Arabia, may assume that older people are always cared for by their families; however, the reality shows that not all Saudi families fulfil the traditional role of the extended family.

Conclusion

The chapter discussed the similarities and differences between Saudi Arabia and other countries in the Middle East. It also discussed some aspects of contemporary Saudi society and the phenomenon of the increasing number of older people in developing countries, including Saudi Arabia. Following this, there was a brief sketch of the historical development of the social services, the establishment of nursing homes and the provision of social care for older people in Saudi Arabia. The last part of the chapter reviewed relevant research on older people in Saudi Arabia. This revealed that most studies on older people in Saudi Arabia restricted themselves to describing the reasons for living in nursing homes and general characteristics (age, sex, education, socio-economic background physical/psychological illness, etc.) of the older people in nursing homes. It appears that the actual life experiences of older people in the nursing homes should be explored, and the investigation should not be limited to describing demographic characteristics. The chapter concluded that, in general, there has not been adequate research on the needs of older people in nursing homes and no specific study has so far explored the role of religion in the lives of older people in Saudi nursing homes.

As the empirical research for this thesis is concerned with religious belief and practices, some information about Islam, its Pillars, articles and Šari‘a (Islamic law) and its sources will be discussed in the next chapter. The place of older people in Islam as it has been presented in the Qur’an and the teachings of the Prophet Mohammad will also be discussed. In addition, the role of Islam in the Kingdom of Saudi Arabia will also be briefly discussed in the next chapter.

CHAPTER FOUR

Islamic Faith and Its Influence on Older Muslim People

Introduction

This study explores the role of religious beliefs and practices in the life experiences of a sample of older men living in residential care in an Islamic cultural context. Hence, it is important to provide some general background information about Islam, one of the main religions of the world, in terms of its structure and belief system. The chapter provides background information about Islam, its historical emergence, the basic elements of the faith and its influence on the personal and social lives of Muslims. In addition, the chapter explores the way in which Islam perceives old age and accommodates the needs of older people. It will also seek to shed light on Šari‘a (Law) in Islam and what the Qur’an and the Prophet Mohammed said about older people and their place in this religion. The information on Islam, although it may be technical for some non-Muslims, is actually regarded as a matter of common religious knowledge, which all Muslims should be familiar with. I am a Muslim and come from a religiously based society, Saudi Arabia. However, in order to maintain academic standards I have used several reputable scholarly reference sources in discussing the main concepts of the Islamic faith. The chapter will also briefly discuss the role which Islam has played in the establishment of the modern state of Saudi Arabia and its influence on the structure of this society. This information may be useful because it provides a wider context for the lives of the older men who participated in this study and were growing up as the modern state of Saudi Arabia emerged.

Islam: Definition of Its Key Concepts and Historical Emergence in the Arabian Peninsula

The Meaning of the Word Islam

The word Islam, literally, is an Arabic verbal noun coming from the root *s-l-m* meaning 'peace', 'submission'. The word for religion in Arabic is 'dīn'; this is a noun, which also means judgement, way or style of life, including all aspects of life. The root of 'dīn' is *Dana to Allah (God)*, which means judgement belongs to Allah. When Muslims say 'we submit to the Dīn of Allah', they mean 'we take it as a way of life'. The word Islam itself indicates submission and obedience. Thus, it refers to a relationship between two parties – one is glorified, the other submits to Him peacefully. In short, a Muslim is one who holds on to peace and serenity in life by surrendering to the ultimate creator (Kouj, 1994).

As noted above, 'Islam' has two meanings: the linguistic meaning of the consonant root *s-l-m*, peace; and the religious meaning, submission to the will of Allah (God). These two meanings are intertwined because it is only through submission to the will of Allah that Muslims achieve true peace. When this stage is reached, they know how to respond to Allah, to themselves, to other people and to creation (O'Shaughnesy, 2001).

Muslims, in general, believe that Islam is not a new religion brought by the Prophet Mohammed to the Arabs; it has the same divine message brought by previous Prophets such as Noah, Abraham, Moses and Jesus. The Islamic message of monotheism holds that this universe was created by the one true God and that He created human beings to know Him and to worship Him alone. Muslims believe that

the messages from all the Prophets are ultimately one: that is to say, there is no God but God, which is considered to be the declaration of faith in Islam, *šahada*.

Islam derives its postulate of the “unity” of humanity and its institutions (*Tawḥīd*) from the belief in the “oneness” of Allah, from Whom everything originates. Various human institutions are viewed as parts of an integrated whole which constitutes human existence; itself derived from the Will of God (Azer and Afifi, 1992).

The Emergence of Islam in the Seventh Century in the Arabian Peninsula

It was in the seventh century C.E. that the religion of Islam was established. The Prophet Mohammed of the Qurayš tribe proclaimed his message around the year 610 C.E. in the town of Makkah. He had been born to a poor family and had lost both his parents before he reached the age of six. He grew up under the care of his grandfather and uncle. He worked mainly as a merchant in the commercial environment of Makkah. At the age of forty, Mohammed declared himself the Messenger of Allah (God) to mankind. He called the people of Makkah to give up their pagan practices and to believe in the *tawḥīd* (unity and oneness of God).

He preached that there was only one God, the creator and sustainer of the universe and that the duty of human beings was to worship him. At first only a few people believed and followed him. They received harsh treatment at the hands of the leaders of Makkah who saw in this message a challenge to their authority. After thirteen years of preaching in Makkah with limited success, the Prophet and his followers made the migration (*hijrah*) in 622 C.E. to the town of Yatrib, north of Makkah. The people there embraced the message of the Prophet and accepted him as their new

leader. The town was re-named Medina, meaning the city and the first Islamic Umma (community of believers) was developed there (Al-Hedaithy, 1989).

In Medina, the Prophet Mohammed established the first political entity based entirely on religious principles. He established an Islamic state and became its religious as well as its political leader. At this time, the Prophet organised the affairs of his religion and his state on the basis of what Muslims believe to be revelations from God through Jibril (Gabriel). The revelations are regarded as divine and eternal and they are collected in the Holy Book of Islam, the Qur'an.

After eight years in Medina, Muslims became more organised and stronger. The message spread to all parts of the Arabian Peninsula and was embraced by one tribe after another. The Prophet organised an army, went back to Makkah and conquered it peacefully without encountering any opposition. He destroyed all pagan idols, proclaimed Makkah a sacred town (*haram*) and its Mosque a holy place, which all Muslims must turn towards when they perform *ṣalah* (prayer). The Prophet Mohammed went back to Makkah for the last time in 632 C.E. to perform the Hajj (pilgrimage). He delivered his farewell message to Muslims, in which he emphasised the important aspects of Islam. After completing the Hajj, the Prophet went back to Medina where he died a few months later in 632 C.E. at the age of sixty-three (Azzam, 1984).

The Prophet made no provision for a successor after his death, leaving the choice to the consensus of the community based on the Qur'anic notion of *shura* (consultation). One of the first Muslims and a very close companion of the Prophet, Abu Bakr, was

elected as halifah (successor) to the Prophet in his political capacity as leader of the community.

Articles of Faith in Islam (*arkan al-iman*)

The important role which Islam plays in the life of individual Muslims and Muslim societies comes from the fact that Islam has rules and regulations for all aspects of human life (Al-Hedaithy, 1989). It is essential to understand some of these rules and regulations to understand how Islam functions in the lives of Muslims. The first and most important belief on which a Muslim bases his faith (*iman*) is the belief in *tawḥīd*.

“tawḥīd is a revolutionary concept and constitutes the essence of the teaching of Islam. It means that there is only one Supreme Lord of the universe. He is Omnipotent, Omnipresent and the Sustainer of the world and of mankind.” (Khouj, 1994, p. 21)

The second article of *iman* is the belief in the Angels of God. To believe in the Angels means believing in their existence and description as given in the Qur'an and the Tradition of the Prophet, without addition, substitution or subtraction. The Angels are from the unseen world: human senses and level of knowledge are not enough to apprehend their essence. The means of belief in them and knowledge of their characteristics come from the revelations to the messengers of God. Allah (God) clarifies in the Qur'an that He created the Angels before the creation of humans:

“Behold,” thy Lord said to the Angels; “I will create a vicegerent on earth” They said, “Wilt Thou place therein one who will make mischief and shed blood whilst we do celebrate Thy praises and glorify Thy holy (name?)” He said, “I know what ye know not” (The Holy Qur'an, 1983, 2:30).

The Qur'an also clarifies that people should not describe them as males and females, but as Angels:

“And they make into females angels who themselves serve Allah...” (The Holy Qur’an, 1983, 43:19).

The third article of *iman* is belief in the sacred Books which God sent to earlier societies. Muslims believe that the revealed books are the Word of God; that they contain the Laws or Commandments of what is allowed, what is forbidden, what is lawful and unlawful, what is legislated and what benefits people to make them happy in this life and in the Hereafter. Allah (God) states that in the Qur’an He revealed His messages to many messengers and prophets.

“And We have sent thee inspiration, as We sent it to Noah and the Messengers after him: We sent inspiration to Abraham, Ismail, Isaac, Jacob and the Tribes, to Jesus, Job, Aaron and Solomon and to David We gave the Psalms” (The Holy Qur’an, 1983, 4:163).

Allah (God) also says in the Qur’an:

“In the past We granted to Moses and Aaron the Criterion (for judgement). And a Light and a Message for those who would do right” (The Holy Qur’an, 1983, 21:48)

“It was We who revealed the Torah (to Moses): therein was guidance and light. By its standard have been judged the Jews, by the Prophets who bowed (as in Islam) to Allah’s Will, by the Rabbis and the Doctors of Law: For to them was entrusted the protection of Allah’s Book and they were witnesses thereto...” (The Holy Qur’an, 1983, 5:44).

The Bible:

“And in their footsteps We sent Jesus the son of Mary, confirming the Torah that had come before him: We sent him the Gospel: therein was guidance and light and confirmation of the Torah that had come before him: A guidance and an admonition to those who fear Allah” (The Holy Qur’an, 1983, 5:46).

The fourth article of *iman* is belief in the Messengers. The Qur'an declares that a Prophet is a human being chosen by God as a model for all other persons; his example demonstrates the principles of His message. People follow his instructions because he is an ideal human being in character, humility and in his dedication in applying Allah's (God's) Law and plan for mankind. The prophets teach people, on whatever level, all they need to know about the Hereafter, the Day of Judgement and the purpose of this life; no man can know these truths by himself (Kouj, 1994).

The fifth article of *iman* is belief in the Afterlife. Belief in the Afterlife is required of all Muslims. It is part of their creed and a requirement for the completion of their faith. Whoever denies the Afterlife denies belief in Allah. The Qur'an says about the truth of the afterlife:

"O ye who believe! Believe in Allah and His Messenger and the scripture which He hath sent to His Messenger and the scripture which he sent to those before him. Any who denieth Allah, His Angels, His Books, His Messengers and the Day of Judgement, hath gone far, far astray" (The Holy Qur'an, 1983, 4:136).

"The Unbelievers say (in ridicule): 'Shall we point out to you a man that will tell you, when ye are all scattered to pieces in disintegration, that ye shall (then be raised) in a New Creation? He has invented a falsehood against Allah, or is he afflicted with madness. "Nay, it is those who believe not in the Hereafter, that are in (real) chastisement and in farthest error'" (The Holy Qur'an, 1983, 4:7-8)

The sixth article of *iman* is Fate and Destiny. In Arabic the words *qada*, the Acts of Allah (God) and *qadar*, proportion and measure, are often referred to as Fate and Destiny. *Qada* comes from the Arabic consonant root *qada*, which means to complete something whether by word or action, through will or by other means. In the Qur'an, Allah (God) issued His decree forbidding people to worship anyone but Him. The meaning of *qada*, as defined by some Muslim scholars, is the eternal will of Allah in

relation to future existence. *Qadar* means ‘to show the amount of something’ or, in another connotation, ‘to be able to do something, the power of action’. Scholars define this as Allah’s ability to cause things to exist according to their determined measure. The Qur’an informs people that there is nothing good or bad, virtuous or evil that befalls anyone, except with *qadar* and *qada*, for example:

“No misfortune can happen on earth or in your souls but is recorded in a Book before We bring it into existence: that is truly easy for Allah: In order that ye may not despair over matters that pass you by, nor exult over favours bestowed upon you. For Allah loveth not any vainglorious boaster...” (The Holy Qur’an, 1983, 57:22-23).

This is one of the verses which Muslims turn to when they meet a difficulty in their lives. They use it as a comfort to help reduce their sadness when they lose someone important in their lives, money or position, or during sickness. They believe that Allah will reward and compensate them if they are patient. However, according to Islam, people should not stop working to find solutions to their problems. They should seek knowledge and work hard to make their lives better because, although everything depends on the will of Allah (God), people do not know what He has decided for them.

Any person who believes in these Articles of Faith becomes a Muslim and is required to practise Islam by carrying out the duties of the Five Pillars of Islam which are obligatory for every individual Muslim and constitute the main acts of worship (*‘ibadat*) in the Islamic religion (Al-Hedaithy, 1989).

The Five Pillars of Islam

The five pillars are the basic duties of each individual Muslim, male and female, towards God. They are designed to test the sincerity of Muslims' faith by requiring them to demonstrate them in their actions. Nobody can be a Muslim unless he or she accepts these pillars and performs them. The pillars are:

1. *The 'Šahada'*: The testimony that there is no God but Allah and that Mohammed is a messenger of Allah. Once this profession of faith is made in public, the person saying it will be considered a Muslim.

2. *Šalah* (prayer): This is prayer, which is offered five times every day at designated times and following a set pattern. Muslims are encouraged to pray with a group (*Jamā'ah*) in the mosque (*masjid*), but prayer can be offered individually in the home, or anywhere else. Before praying, a Muslim is required to make the *wuḍu* (ablutions) and to raise the *aḍan* (call) to prayer. Muslims are also required to face Makkah wherever they may be in the world.

“O ye who believe! Seek help with patient Perseverance and Prayer: for Allah is with those who patiently persevere” (*The Holy Qur'an*, 1983, 2: 153).

Daily prayers are offered at *fajr* (before sunrise), *Zuhr* (noon), *'assr* (afternoon), *Magrib* (sunset) and *'iṣā* (about two hours after sunset). On Fridays the *Zuhr* prayer is replaced by the *jum'ah* (Friday) prayer which can only be performed in a congregation (*jama'ah*) and is preceded by discourse (*ḥutbah*) given by the imam (the leader of the prayer). Beside these regular prayers there are special prayers for the two annual religious festivals (*'ids*), for funerals (*janazah*), for the nights of Ramadan (*tarawih*) and for rain (*istisqa*).

3. *Zakah* (mandatory contribution to the poor or alms-giving): This is an annual tax of 2.5% of one's net savings from income and property. The amount is calculated after deductions for personal expenses. The savings must have reached a certain amount and be deposited for a whole year before it becomes obligatory upon the individual to pay *Zakah*. It is to be given directly to eight categories of people identified in the Quran:

“Alms are for the poor and the needy and those employed to administer the (funds) for those whose hearts have been (recently) reconciled (To truth); for those in bondage and in debt; in the cause of Allah; and for the wayfarer; (thus is it) ordained by Allah. And Allah is full of knowledge and wisdom” (The Holy Qur'an, 1983, 9:60)

Zakah means literally “purification”, for it fulfils the religious function of purifying both the giver's soul and his wealth. *Zakah* purifies the soul of greed and miserliness and purifies wealth by the payment of what is due (Kotob, 1958).

“Take alms of their wealth, wherewith thou mayst purify them and mayst make them grow and pray for them...” (The Holy Qur'an, 1983, 9: 103)..

What should be mentioned here is that *Zakah* is one example of a range of Islamic institutions which represents the unity between the social and the spiritual spheres. In addition, in several verses of the Qur'an the two religious duties of *Zakah* and prayer are conjoined:

“And they are ordered naught else than to serve Allah... to establish worship and to pay the poor-due” (The Holy Qur'an, 1983, 98: 5).

4. *Ṣiyam* or *Ṣawm* (Fasting): This means abstaining from food, drink and sexual relations from dawn until sunset during the month of Ramadan. Muslims are also

encouraged to abstain from all evil thoughts, actions and sayings, with the stated purpose of learning *taqwa* (piety). Children, older people, the sick, expectant and nursing mothers, women in menstruation and those on a journey of about fifty miles or more are exempt from this duty (Al-Hedaithy, 1989). Some of these people have to make up for it at a later date if they are healthy. In the second year of the *Hijrah* (migration), Allah directed the Muslims to fast:

“O ye who believe! Fasting is prescribed to you as it was prescribed to those before you, that ye may (learn) self-restraint” (The Holy Qur’an, 1983, 2: 183).

5. *Hajj* (The Pilgrimage): This is a duty upon every able Muslim to perform once in a lifetime. It takes place in and around Makkah for four days, starting on the ninth of the last month of the Islamic calendar (Dul-Hijjah). Those who cannot perform the Hajj for physical or financial reasons are exempt.

“Pilgrimage thereto is a duty people owe to Allah, those who can afford the journey but if any deny faith, Allah stands not in need of any of His creatures “ (The Holy Qur’an, 1983, 3:97).

The Šari‘a (Islamic Law)

The comprehensive nature of the Laws of Islam as a complete “way of life” is best demonstrated in the concept of Šari‘a, an Arabic word which can be translated as “the path in which God wishes humans to walk” (Roerts, 1981). Šari‘a, basically, is the sum total of Islamic law dealing with both public and private spheres, which applies to all Muslims and has provision for the non-Muslim citizens of an Islamic state (Al-Hedaithy, 1989). Šari‘a was described by Weeks (1978, p. 24) as:

So comprehensive that it has rules for nearly all human activity, personal and interpersonal. It sets forth rules for government, fighting wars and settling disputes. It decrees who not to marry and what foods not to eat. There being no area of activity not covered by

Law, there is no accommodation in theory for a separate secular, as against religious, jurisdiction.

The Šari‘a derives its laws, rules and regulations from four main sources. The two major sources of the Šari‘a are the Qur’an and the Sunna (‘the path’, or ‘the way of the Prophet’).

The Qur’an (it. the ‘reading’ or the ‘recitation’): This is the Holy book of Islam believed by Muslims to be the word of God as revealed to the Prophet Mohammed. The revelations came down over a period of twenty-three years and were collected in one book by the Caliph ‘Utman in 28/650. The Qur’an is divided into 114 chapters, each of which is called a sura.

Principles of support in the Islamic Šari‘a consist of a number of *āyat* (verses). They are recited by Muslims as a blessing to both reciter and listener and studied as the key to the knowledge of God and the knowledge of Islam. Muslims are also encouraged to memorise the whole text or parts of it and today there are Muslims who know the entire Qur’an by heart (Al-Hedaithy, 1989).

From the Islamic perspective, the Qur’an embodies the divine law and “is therefore superior to any man-made law of the past, present or future” (Kouj, 1994, p. 189). The Šari‘a derives from the Qur’an the basic divine law of Islam dealing with all aspects of Muslim life. The Qur’an also deals with historical events, such as the creation of the Universe, the people who lived before the era of Prophet Mohammed and the prophets who were sent to them. It speaks about the end of this world, life after death and man’s duty towards God and towards other human beings (Weeks,

1978).

The Sunna (lit. 'the path' or 'the way of Prophet Mohammed'): The Sunna is a series of examples set by the Prophet Mohammed in his sayings, his actions or his approval during his life-time as a Prophet. The role of the Prophet was to demonstrate, explain and practise the laws of the Qur'an so that Muslims would know how to live an "Islamic" life. He not only transmitted the revealed Qur'an, but he also interpreted and explained it. Although the Qur'an was primary and the words and deeds of Mohammed only secondary and not similarly inspired, the latter, that is, the Sunna of the Prophet was given the same validity as the Qur'an, because in various passages the Qur'an makes obedience to Mohammed obligatory and because what Mohammed said and did is regarded as being in accordance with God's specific commands to him (Watt, 1961).

Beside the Qur'an and the Sunna, which constitute the main sources of the Šari'a up to the death of the Prophet Mohammed, two other sources have become accepted by Muslims as legitimate sources from which the Šari'a can derive new laws and regulations. This was made necessary by the appearance of problems and situations for which the Qur'an and the Sunna have no specific instructions. The two minor sources of the Šari'a are: *Ijma'*, the 'consensus' of the 'ulama (religious scholars) regarding a question of law; and *Qiyas*, 'analogy', by means of which the law of the Qur'an and the Sunna are applied to situations not explicitly covered by these two sources (Al-Hedaithy, 1989).

The function of consensus in the development and maintenance of the Šari‘a is remarkable. On a superficial examination of the material it might have been thought that consensus was brought in either to justify a usage which was not supported by a tradition from the Prophet Mohammed or to provide a principle of adaptation, since the age-old Arab attitude has been to regard all innovation in religion as bad, or, in theological terms, heretical. The best explanation of this recurrence of consensus seems to be that it arises out of a profound belief in the community, a belief that the community is in some way supernatural, is a divinely instituted and divinely ordered community; in brief that it is a ‘charismatic community’ (Watt, 1961, p. 63). The saying of Prophet Mohammed that, “My community will never agree on an error” (Kouj, 1994), might be regarded in some non-Muslim societies as having been invented in order to justify the principle of consensus; but current thinking suggests another way of looking at it. It may be an expression of the Islamic belief asserting that once the community has reached a consensus on a contentious topic there will be mutual agreement. This in turn will guarantee the overall will of the community, which confirms that the agreement is serving the community. The restriction of consensus in certain respects to that of scholars need not be an argument against such a view, since it was the scholars who spoke of the consensus of scholars and the assertion may, therefore, be ideological, that is, an exaggeration of their own importance made in order to maintain or enhance their position in the community (Kouj, 1994; Ruthven, 1997; Watt, 1961).

If *Ijma* ‘ allowed a tacit accommodation of the law to changing circumstances and at the same time adhered to the principle that the law was no longer to be revised, then the principle of *qiyas* or analogy introduced some degree of arbitrariness even into the

classic theory of the Šari‘a (Turner, 1974). In principle, *qiyas* involves the systematic application of logic to situations not explicitly mentioned in the Qur’an or Sunna. During the formative period of Islamic law its application was controversial and some jurists argued against it on the ground that it imputed inadequacy to the Prophet and the Holy Qur’an. However, its defenders cited a hadith according to which the Prophet sent one of his companions, Mu‘aḍ ibn Jabal, to be a judge in Yemen. Before he departed, the Prophet subjected him to a brief interrogation:

‘How will you reach a judgement when a question arises?’

‘According to the word of God’, replied Mu‘aḍ.

‘And if you find no solution in the word of God?’

‘Then according to the sunna of the Messenger of God.’

‘And if you find no solution in the sunna of the Messenger of God nor in the Word?’

‘Then I shall take a decision according to my own opinion’ (Ruthven, 1997, p. 77).

The Prophet was pleased with this answer. He slapped Mu‘aḍ on the chest, saying ‘Praise be to God who has led the Messenger of God to an answer that pleased him’ (Ruthven, 1997).

The Maḍahib (schools or rites of law)

The Maḍahib is a term used to describe the four schools of *Fiqh* (jurisprudence) which succeeded in codifying the Šari‘a. In the eighth and ninth centuries, four men became the imams of four legal schools which were to dominate Islam down to our own day. These were: Malik ibn Anas al-Asbaḥi (713-795), whose legal principles

became normative in most of Africa; Abu Ḥanifa (699-767), whose school was accepted by the Ottomans; Mohammad ibn Idris al-Šafi'i (767-820), whose legal system became important in much of Asia, Arabia and Yemen; and Ahmad ibn Ḥanbal (780-855), who, clinging to a rigorous traditionalism, found his centre of influence in Baghdad. It appears that while there was at first considerable competition between the developing schools, as each gained a geo-political sphere of influence, it was eventually recognised that the four schools had equal competence, merit and authority (Ruthven, 1997). By the eleventh century, these schools between them had raised and solved all the major problems and issues in the field of Islamic law and no further development of law was, in principle, possible. *Ijtihad* (the exercise of scholarly judgement) had been exhausted by the four great imams and their immediate successors (Turner, 1974).

The differences between the four schools are minimal. They amount to different interpretations of basically the same principles for all decisions based on the Qur'an and the Sunna. These schools of jurisprudence have made certain laws and regulations easier to practise by codifying them; however, the individual Muslim is not obliged to follow any particular school (Al-Hedaithy, 1989).

Establishing a Just Socio-economic Welfare System as the Ultimate Ethos of Islam

To estimate adequately the part played by Islam in the communities which have adopted it would require an exact investigation into the social conditions prevailing in those communities before and after the introduction of the new faith. The Arab population, except for the few settled communities embedded in it, has throughout

historical times been so constituted as to form a number of groups or tribes, very loosely held together either by loyalty to a particular leader or by the assumption of descent from a common ancestor, whether real or legendary. Within each of these groups or tribes, the independence of the individual units – the tents or families – has always been taken as a matter of course and the head of each unit has been regarded as having equal status to every other. In the hands of the heads of families lies the power to elect the šayḥ or tribal chief, of whom, in theory, no special qualification is required except wisdom and generosity. In actual practice, however, there is normally a strong prejudice in favour of choosing the šayḥ from amongst the members of certain families. At the time of the rise of Prophet Mohammad, such families held a position of great influence within the community, so that in any claim to authority the factor of birth was considered of paramount importance. Noble ancestry was the supreme test of nobility and no person whose genealogy had the faintest so-called ‘hereditary taint’ – for example, whose ancestors were of servile origin, could be regarded as reaching the requisite standard. Such persons were relegated to the humbler ranks of society and were thus compelled to undertake careers which inevitably marked them as inferior beings (Levy, 1969).

Islam sought a total transformation of the structure of the Arab society of Medina immediately after the Prophet’s migration to this city. Islamic ethics were united behind a policy to shape another social structure (that of community), to organise a new set of liturgical and social deeds (religion) and to legitimise the community and religion through the state (Askari, 1978). The first main task confronting the Prophet Mohammad on his arrival in Medina was the integration of its society. This meant particularly the healing of the breach between the two main Arab tribes of the Aws

and the Ĥassraj, but the Prophet also hoped at one time to include the Jewish groups. The effective factor in this integration was the Prophet's presence in Medina and his acceptance as Prophet or Messenger (Watt, 1961).

The Prophet Mohammad started the process by stressing that all believers are brothers in faith, regardless of their tribal or social background. According to the Šari'a, all human beings were created equal and are equal in the sight of God; they differ only in their degree of taqwa or piety. The principle of equality was in fact practised in a society which had been used to slavery and discrimination against non-Arabs, as noted above. However, Bilal, an Abyssinian slave freed by Abu Bakr, became one of the closest companions of the Prophet and the first person to call for prayers five times a day in Medina. Islam restricted the trade in slaves and made freeing them an act of worship (Qutb, 1976). This kind of encouragement would gradually end the suffering of slaves forever, without any conflict or clash.

The Qur'an includes various principles regarding support, both emotional and financial. Islam, derived from the Qur'an and the Prophet's teaching, has stipulated in detail the norms regulating the field of "personal status" (the equivalent of Family Law). This includes financial support for needy relatives and the creation of a welfare society. Moussa (1950) summarises a number of key points showing the way in which maintenance for relatives is regulated in Islam:

- Entitlement to alimony from relatives is subject to actual need. This is different from the alimony due to a wife, as her entitlement to alimony is related to her marital status, whether she is in need or not.
- Alimony between relatives is limited to the relationships described as *maḥārim*

(derived from the root for ‘prohibition’). It is based on the following “fictive” legal principle: if it is assumed that one of two relatives is male and the other is female and if marriage between them is prohibited (such as between father and daughter or granddaughter), then the relationship is considered *maḥarim* and entitlement to alimony is a possibility.

- An insolvent person is not obliged to support a relative, apart from his wife and any children who are minors.
- A person living in poverty is responsible only for his wife, his parent and his offspring.
- A father alone is obliged to support children in need.
- A son alone is legally obliged to support his parents and grandparents.
- Relatives are not entitled to alimony if they follow a different religion, with the exception of their families (wives, parents and offspring).
- Obligation falls upon the nearest relative. For example, if a needy person has a son and a grandson, only the first is obliged to provide support.
- Finally, the amount of alimony to be allocated is as much as is needed for “sufficiency” but no more.

In cases of dissension between relatives, the court enforces these religious/legal principles. These principles have also had a far-reaching impact on values and traditions – a fact which explains, for instance, the prominent role played by the male offspring in providing support for older people. A reciprocal role is played by older people (Moussa, 1950).

The Place of Older People in Islam

Older People's Characteristics according to the Qur'an

The Qur'an has informed Muslims that some older people may end up with the following conditions:

1. Loss of biological potency.
2. Loss of physical vitality.
3. Loss of mental capacity in some cases.
4. Increased vulnerability to emotions.

Biological Aspect

As far as the loss of biological potency is concerned, the Qur'an gives two examples, those of the Prophet Zechariah and the Prophet Abraham. Concerning the wife of the Prophet Zechariah, the Qur'an states the following about her biological impotence in Sura (Chapter) Āl- 'Imran (The Family of 'Imran):

He said: "O my Lord! how shall I have a son, seeing I am very old, and my wife is barren?" "Thus," was the answer, "Doth Allah accomplish what He willeth" (*The Holy Qur'an*, 1983, 3: 40).

While in Sura Miriam (Chapter of Miriam), Zechariah is said to have asked the following (in surprise) about getting a child:

He said, "O my Lord! How shall I have a son, when my wife is barren and I have grown quite decrepit from old age?" (The Holy Qur'an, 1983, 19:8)

Concerning the Prophet Abraham, God informs us that Abraham was also shocked when he was told that he would have a child. In Sura Al Hġjr (The Rocky Tract) the Qur'an states the following about his biological impotence:

He said: "Do you give me glad tidings that old age has seized me? Of what then, is your good news?" (*The Holy Qur'an*, 1983, 15:54).

The wife of the Prophet Abraham was also shocked when she was informed about having a child. She knew that she was an old woman no longer able to bear children. In Sura Hud (The Prophet Hud), the Qur'an states the following:

"Seeing I am an old woman and my husband here is an old man? That would indeed be a wonderful thing!" (The Holy Qur'an, 1983, 11:72).

The wife of the Prophet Abraham reconfirmed her biological impotence in Sura Al Daryat (The Chapter of Winnowing Winds). The Qur'an states the following:

But his wife came forward (laughing) aloud: she smote her forehead and said: "A barren old woman!" (The Holy Qur'an, 1983, 51:29).

Physical Vitality

As far as the loss of physical vitality is concerned, an older person cannot do as much hard work as a younger man can. The Qur'an informs us of the Prophet Šu'aib, who was too old to do any more hard work. His daughters had to take the animals to the spring for water and also tend them. In Sura Al-Qasas (Chapter of the Narration), the Qur'an states the following:

They said: "We cannot water (our flocks) until the shepherds take back (their flocks): and our father is a very old man." (The Holy Qur'an, 1983, 28:23)

The Qur'an also informs us about the Prophet Zechariah who admitted his old age and his lack of physical capacity. In Sura Miriam, Allah (God) says:

"Praying: O my Lord! Infirm indeed are my bones and the hair of my head does glisten with grey..." (The Holy Qur'an, 1983, 19:4).

Mental Capacity

As far as the loss of mental capacity is concerned, Allah (God) informs people in the Qur'an that any older person may lose most of his mental capability. Hence he or she may be subject to dementia. In Sura Al-Hajj (Pilgrimage) and Sura Al-Nahl (The Bee), Allah informs people about this tendency in older people. He says the following:

“And some of you are called to die and some are sent back to the feeblest old age, so that they know nothing after having known so much” (The Holy Qur'an, 1983,22:55).

Emotional Feelings

As far as emotional feelings are concerned, the Qur'an informs people about the Prophet Jacob and his sentimental feeling toward his two last sons, Joseph and Benjamin. His emotions, his love, his concern, his sympathy and his sentiments were so powerful that he wept endlessly until he lost his sight. The climax of his anecdote is summarised in Sura Joseph as follows:

“And he turned away from them and said: how great is my grief for Joseph! And his eyes became white with sorrow and he fell into silent melancholy” (The Holy Qur'an, 1983,12:84)

When he was blamed for his continuous weeping, he said:

“I only complain of my distraction and anguish to God and I know from God that which you know not” (The Holy Qur'an, 1983, 12:86)

Treatment of Older People in Islam

Islamic books state that in the Qur'an and in the teachings of Prophet Mohammed older people are mentioned as parents. The Qur'an and the teachings of the Prophet sometimes encourage or urge and sometimes order or command people to be considerate, kind and humble to their parents, especially when they grow old. This is

because as people grow old, they are viewed as becoming more sensitive. Muslim parents teach their children when they are little to respect older people and to treat them as they would treat their parents. For example, young people should not call older people by their names. They should call them ‘uncle’ or ‘aunt’.

Allah (God) asked human beings to recognise their parents as Allah Himself recognises them. Throughout the Qur’an, it can be noticed that parents are mentioned with appreciation and with respect, even if they have dementia. In Sura Al-Isra (Chapter on Children of Israel) there is a description of the way in which parents are to be treated. For example: In the Qur’an Allah (God) said:

“And serve Allah. Ascribe nothing as partner unto Him. (show) kindness unto parents and unto near kindred and orphans and the needy and unto the neighbour who is of kin (unto you) and the neighbour who is not of kin and the fellow traveller and the wayfarer and whom your right hand possesses” (The Holy Qur’an, 1983, 4: 36)

“We have enjoined on man, kindness to parents” (The Holy Qur’an, 1983, 29:8)

“Thy Lord hath decreed that ye worship none but Him, and that ye be kind to parents. Whether one or both of them attain old age in thy life, say not to them a word of contempt, nor repel them, but address them in terms of honour. And, out of kindness, lower to them the wing of humility, and say: "My Lord! bestow on them thy Mercy even as they cherished me in childhood” (The Holy Qur’an, 1983, 17: 23-24).

“And We have enjoined upon man concerning his parents – his mother gave birth to him in weakness upon weakness and his weaning is in two years – give thanks unto Me and unto thy parents” (The Holy Qur’an, 1983, 3:14)

In the teachings of the Prophet, Abbasi (1983) says that Abu Hurairah narrates that a man came to the Holy Prophet and asked: ‘O Messenger of Allah, which person of all the people is best entitled to kind treatment and good companionship from me? He answered? ‘Your mother.’ The man asked, ‘And then?’ He said: ‘Your mother.’ And

after her? He said ‘Your mother.’ ‘And after her?’ The Holy Prophet said: ‘Your father’. The Holy Prophet said: ‘May his nose be rubbed in dust, may his nose be rubbed in dust, may his nose be rubbed in dust, i.e., may he be humiliated, (He said this thrice), who found his parents, one or both, approaching old age, but did not enter paradise (by serving them)’ (Abbasi, 1983).

With regard to the treatment of older people in general, Abdalati (1975) mentions that the principles underpinning the structure of social life in Islam are very lofty, sound and comprehensive. Among the substantial elements of this structure are sincere love for one’s fellow human beings, mercy for the young, respect for older people, comfort and consolation for the distressed, visiting the sick, consoling the grieved, genuine feelings of brotherhood and social solidarity, respect for the rights of other people to life, property and honour, mutual responsibility between the individual and society. It is a common thing to come across prophetic statements like these:

‘Whoever relieves a human being from a grief of this world, God will relieve him from a grief on the Day of Judgement. Anyone who has no mercy on the juniors and respect for the seniors is not one of us Muslims.’

The Role of Islam in the Kingdom of Saudi Arabia

Chapter 3 has provided background information on the Saudi context for the research with a view to filling in some details about the role of Islam in Saudi Arabia. This section will describe the historical emergence of the modern Saudi Arabian state and discuss how Islam, as a monotheistic religion, which sprang up in the Arabian Peninsula in the seventh century, has influenced the social and cultural life of Saudi Arabia.

The central institution of the Saudi Arabian Government is the monarchy. The Basic Law adopted in 1992 declared that Saudi Arabia is a monarchy ruled by the sons and grandsons of King Abd Al Aziz Al Saud and that the Holy Qur'an is the constitution of the country, which is governed on the basis of Islamic law (Šari'a). There are no recognised political parties or national elections. The King bases his legitimate right to rule on two foundations: as the protector and supporter of religious Islam; and the all-encompassing social provision to provide benefits to the Saudi population (Goetz, 2003). He must also retain a consensus of the Saudi royal family, religious leaders ('ulema) and other important elements in Saudi society. The leading members of the royal family choose the King from among themselves with the subsequent approval of the 'ulema (NationMaster.com, 2003).

Saudi Arabia is an ancient land but a relatively new country. The twentieth century witnessed the emergence of a state imposed on people without a historical memory of unity or national heritage which could justify their inclusion in a single entity. With the exception of a substantial Ši'ah minority in the eastern region, the majority of Saudis are Sunni Muslims. The population was previously divided by regional and tribal differences which militated against national unity or unification. Saudi Arabia shared this important characteristic with several Arab countries which came into being during the period between the two world wars. While the borders of many Arab states were drawn in accordance with French and British policies, the four regions comprising Saudi Arabia (Najd, Aḥsa, Hījaz and 'Asir) were 'unified' as a result of their conquest by an indigenous leadership, sanctioned by a colonial power. The unification of Arabia, under the leadership of Ibn Saud, was a process which lasted some thirty years from 1902 to 1932 (Al-Rasheed, 2002).

The Kingdom of Saudi Arabia is the homeland of Islam. It houses the two Muslim Holy mosques (Makkah and Madena). Saudi Arabia has the most traditionalist Islamic legal system in the world today (Vogel, 2000). The country is committed to preserving the Islamic tradition in all areas of government and society. Islam is expected to guide not only the lives of the people, but also the policies and functions of the government. From Saudi Arabia's inception, Islam has been the omnipresent and dominant factor in public life. The legitimacy of the dynasty and the ruling elite has rested upon a religious basis. It has been the duty of this elite to carry out the commandments of the faith, to uphold morality and justice and to support and supervise such religious occurrences as the pilgrimage to Makkah. The Holy Qur'an is the constitution of the Kingdom and the Šari'a (Islamic law) is the basis of the Saudi legal system (Ministry of Information, 2001). The general jurisdiction is held by traditionally trained judges, who apply the Islamic law exclusively, while traditional Islamic legal learning is still a legitimate professional training. The flag of Saudi Arabia also graphically and dramatically represents the role of Islam in the state: it contains the Muslim declaration of faith. To Saudi Arabia, caring for the Holy Cities of Makkah, the birthplace of Islam and the Prophet Mohammed and of Medina, the Prophet's burial place, is a sacred trust exercised on behalf of all Muslims. Recognising the unique and historic tradition which these Holy sites represent, King Fahd Bin Abdul Aziz adopted the official title of the 'Custodian of the Two Holy Mosques' (Vogel, 2000).

In public statements by the Saudi rulers, a prominent political role has been allocated to religion. For example, King Faisal, when he was Prime Minister (1964-1975), said

that the “government has adopted and will continue adopting the means necessary to spread, strengthen and protect Islam by word and by deed” (Ochsenwald, 1981). He also used religious arguments in promising the as yet unachieved task of establishing a basic law or constitution founded on the Qur’an and the traditions of the Prophet Mohammed, including the Acts of the early Caliphs. The statements of King Khalid (1975-1982) on various occasions, emphasising his piety and the centrality of Islam to the life of the Kingdom, have been carried out in full. According to King Khalid the reason which the world-wide Muslim community (*umma*) gave for the modern developments and the conquest of parts of the Kingdom was the abandoning of the straight path of Islam. King Khalid believed that being morally good and adhering to the heritage of his ancestors would enable his Kingdom to carry and defend the banner of Islam. The World Muslim League, which was created in 1962, has been a Saudi instrument and has its headquarters in Makkah. Its financing and administration are largely Saudi. The Kingdom has also been among the chief hosts of several conferences held by Muslim heads of state, foreign ministers and economic organisations (Vogel, 2000).

The Saudi people who are now older adults were born in a decade of great historical significance for the Kingdom, namely that of its political unification in 1939. Before this, the area which is now Saudi Arabia, encompassed separate territories with distinct political heritages: the southern region, ‘Asir; the central region, Najd; the eastern province, Aḥsa; and the western region, Ḥijaz. During the youth of the respondents in this study, the peninsula was mostly a vast desert of largely nomadic rural communities, with few schools and little transportation or other infrastructure. “Most tellingly, perhaps, it had no oil wells” (Wiley, 1999, P. 3).

Identity was based on the family or tribe. Regional allegiance was the basis of political identity, shown by variations of dialect, social behaviour, religious rituals, cuisine and dress(Ochsenwald, 1981). The practical (as opposed to the religious) horizon of older people's imagination did not extend beyond the boundaries of their hometown or village. "The only way of transport for older people was on foot or camel and later by lorry; extended journeys were usually undertaken only once in a lifetime and were invariably to Makkah for pilgrimage. Trade was limited to the ports in Aḥsa and Jeddah. As far as education was concerned, in their youth Saudi's present older generation never went beyond religious education" (Yamany, 2000, p.46). The first seeds of education have been grown in the mosques that, from the earliest times, provided a centre not only for worship but also for learning, discussion, and community life in general. This kind of teaching is known as "Kuttab," which mean small schools that were established in mosques to offer elementary instruction in the Qur'an, and sometimes supplemented by reading, writing, and arithmetic (Al-Garni, 2000). In modern terminology, one can describe them as semi-literate. The exception was Hījaz, where there were more urbanised educational centres, both in the holy mosque of Makkah and in that of Medina, which accommodated diversity (Yamany, 2000).

Conclusion

This chapter has provided background information about Islam, its meaning, its historical development and the key characteristics of faith in Islam, since this is relevant to the focus of the present study. The articles and pillars of the Islamic social cultural system known as *Šari'a* and its sources were discussed. The chapter looked

at the way in which Islam perceives old age and how it caters for the needs of older people. In addition, the chapter reviewed some current research exploring the way in which Islam shapes the lives of older people in Muslim societies. However, the chapter did not explore all aspects of Islam in depth, since the study is not concerned with Islam as a whole. The chapter also provided brief background information on the relationship between Islam and the founding of Saudi Arabia and the influences of Islamic values in Saudi Arabian society.

The next chapter will describe in general the methodological framework of the study, the reasons for adopting the qualitative research paradigm in social science and particularly the Biographic Narrative approach and will also describe in some detail the research design and main methods of data collection

CHAPTER FIVE

Methods and Methodological Orientation of the Study

Introduction

This chapter explains the overall methodological framework of the research. It outlines the reasons for adopting the qualitative research paradigm in social science and particularly its use of the Biographic Narrative approach to collect the data, a method developed originally by Wengraf (2001) for exploring people's lives. The chapter will describe in detail the research design and main methods of data collection, namely, interviews with older men and staff in the two nursing homes and field notes. It also describes the data analysis procedure suggested by Creswell (2003). In addition, general methodological issues such as sampling, reliability, validity and ethical concerns will be discussed.

Qualitative Research Methodology

Qualitative Research

Qualitative research can be described as any kind of research which produces findings not arrived at by means of statistical procedures or other means of quantification. It can be used not only as a method to investigate people's lives, stories and behaviours, but also to consider organisational functioning, social movements, relationships or interactions between individuals or groups (Strauss and Corbin, 1990). There are several definitions for the term "qualitative research" in the literature on social science studies. For example, Denzin and Lincoln (1998, p.3) define qualitative research as follows:

"Qualitative research is multi-method in focus, involving an interpretive, naturalistic approach to its subject matter. This means

that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret, phenomena in terms of the meanings people bring to them. Qualitative research involves the studied use and collection of a variety of empirical materials – case study, personal experience, introspective, life story, interview, observational, historical, interactional and visual texts – that describe routine and problematic moments and meaning in individuals' lives."

Creswell (1998, p. 15) for his part defines qualitative research as:

"an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyses words, reports detailed views of informants and conducts the study in a natural setting."

Although the first definition is more comprehensive than the second one, both definitions convey similar ideas. For example, the two definitions show that qualitative researchers deploy a wide range of interconnected methods, hoping always to obtain a better understanding of the subject matter at hand (Denzin and Lincoln, 1998).

Strauss and Corbin (1990) state that some researchers gather data by means of interview and observation techniques usually associated with qualitative methods. What is referred to here are non-mathematical analytical procedures which derive findings from data gathered by a variety of means or multiple methods which are interactive and humanistic. These include observations and interviews, but might also include documents, books and videotapes. In addition, Creswell (2003) indicates that the actual methods of data collection, traditionally based on open-ended observations, interviews and documents, now include a vast array of materials, such as sounds, e-

mails, scrapbooks and other emerging forms. The data collected also include text data and image data.

As the above broad definition indicates, qualitative research can also start from the idea that one can obtain an understanding about people and their world through the different investigation strategies mentioned above. It is based not on numbers, but on words, meanings and conceptualisations. Keys to qualitative methods are the acknowledgement of people's inherent ability to know and communicate things about their own lives and their respective worlds; the researcher's role of obtaining their perceptions of experience; and the importance of seeking to understand the multifaceted and complex nature of human experience from the perspective of the subjects. Thus, instead of using questions with multiple-choice answers, which offer the respondents a ready-made choice of the meanings of social situations, qualitative researchers tend to focus their research efforts on in-depth interviewing, life-history collection, observations and sometimes being a participant in a social setting. The goal is to represent the participants' realities from their own standpoint as faithfully as possible. Qualitative researchers look for the involvement of their participants in the data collection and seek to build rapport and credibility with the individuals in the study (Creswell, 2003).

In spite of the advantages of using qualitative methods, they have been criticised by some researchers who have a background in positivist methodology. The principal characteristic of positivism is the argument that the methods, concepts and procedural rules of the natural sciences can and should be applied to the study of social life (Miller and Brewer, 2003). For example, its major criticism is the role of

interpretation in the research process. A biased methodology, as positivists believe, is one which has been influenced unduly by the interpretations of the researcher or participants (Ezzy, 2001). Data for the positivist model of social research is thus called 'hard', in a desire to imply that it is untainted by anyone's interpretative and meaning-endowing processes, whether the subject of the research or the researcher. Such data predict and explain causal relations among key variable by attribution of number. Positivists consider the world to be an external, knowable entity, existing 'out there' and independent of what people believe or perceive it to be. Questionnaires and surveys exemplify this. They collect numerable data which supposedly render social phenomena 'objective' and untouched by people's interpretative and reality-constructing capacities. Positivists also believe that if qualitative research focuses on interpretations, it is simply subjective and of no value (Miller and Brewer, 2003).

However, one can argue, as some researchers do, that there is an error of logic in this argument. Qualitative research is indeed 'subjective', but this does not make it of no value. Rather than trying to avoid the problem of subjectivity, qualitative research acknowledges subjectivity and examines carefully the subjective nature of the interpretative process (Ezzy, 2001). Qualitative researchers such as Ezzy are increasingly moving away from the myth of being able to objectively identify participants' true opinions to a more sophisticated analysis of the way in which the research findings reflect the particular social context in which the research was conducted. This can make research more rigorous and more useful. Focusing on interpretation itself could be one of the advantages of qualitative methods. The qualitative researcher who tries to prevent participants from allowing their

interpretations to influence the research process has failed to grasp what qualitative research involves.

Interpretations are central and cannot be avoided in qualitative research because qualitative research forces researchers to examine the ways in which people think, act and feel. Understanding how people act, think and feel can only be attained through understanding interpretations. For example, Creswell (2003) emphasises that qualitative research is fundamentally interpretative. It also means that the researcher filters the data through a personal lens situated in a specific socio-political and historical moment. Creswell adds that one cannot escape the personal interpretation brought to qualitative data analysis.

Reasons for Using Qualitative Research in Pursuing the Aims and Investigating the Research Questions in the Present Study

The purpose of employing qualitative methods in this study is to understand older men's subjective perceptions of their life experiences in Saudi nursing homes, with respect to their religious beliefs and practices, in order to explore the meaning of being religious (or not religious) and to generate hypotheses concerning the role played by religious belief in the lives of a selected group of older men. Subjective life-experiences refer to our 'inner' world of experiences, rather than the world 'out there' (May, 1997). May also added that, to concentrate on subjectivity, researchers focus on the meaning which people give to their environment, not on the environment itself. Contrary to the arguments of positivists, researchers cannot know this independently of people's interpretations of it. The only thing that they can know with certainty is how people interpret the world around them. The central interest of qualitative researchers is people's understanding and interpretation of their social

environments. The emphasis in this thesis is upon understanding the *personal experiences of religion* of a selected group of older men in nursing homes. Because the qualitative research framework aims at precisely enabling the researcher to investigate the subjective life-experiences of people in a particular cultural environment, it is considered best to adopt qualitative research procedures in this study.

There are further reasons for using qualitative research in general, such as developing theories, giving people a chance to speak in their own voice and the nature of the research problem, which all require a certain kind of methodology. For example, Sofaer (1999) argues that qualitative methods are suited to building or developing theories or conceptual frameworks concerning different aspects of socio-cultural life in general. The same author adds that these methods can also be used for refining theories and hypotheses through preliminary testing and trials. In addition, Creswell (1998) asserts that one of the reasons for choosing qualitative research is that a topic may still need to be explored. This happens when it has variables which cannot easily be identified, theories which are not available to explain the behaviour of the participants in the study and theories which need to be developed.

Another reason for using qualitative methods is the preference and the experience which a researcher already has. For example, Strauss and Corbin (1998) indicate that some researchers come from a scientific discipline or adhere to a philosophical position which has traditionally advocated the use of qualitative methods for data gathering and analysis, with satisfactory results. This is true of me; I am more oriented and suited to this type of work because my background and previous degree

were in clinical social work, which depends in assessing clients on techniques related to the qualitative method, such as interviews and observations.

The qualitative method has also been used in this study because it was found useful for various groups, particularly the older men who are its central concern. For example, Sofaer (1999) demonstrates that qualitative research has proved to be very useful in understanding groups of people with similarly distinctive backgrounds who are often either treated as almost invisible (e.g., older people in nursing homes or mental hospitals), or alienated from mainstream society.

The nature of the research problem is crucial to the decision to use qualitative methods. For instance, areas of study such as the present one naturally lend themselves more to qualitative types of research. Strauss and Corbin (1998) emphasise that qualitative research attempts to discover the nature of people's experiences with some specific phenomenon, such as sickness, religious conversion, divorce or addiction, lends itself to getting out into the field and finding out what people are doing and thinking. In addition, spirituality, as a subjective interior reality, is difficult to quantify in any manner (Reed, 1992). The reality can vary radically across different spiritual traditions, making attempts at quantification far from easy (Robbins et al., 1998). The nature of the research questions in a given study is also one of the reasons for using qualitative research. For example, in a qualitative study, the research question often starts with a 'how' or a 'what', so that initial forays into the topic describe what is going on. This is in contrast to quantitative questions which ask 'why' and look for 'a comparison of groups' or a 'relationship between variables',

with the intention of establishing an association or a relationship of cause and effect (Creswell, 1998).

Another issue is the low level of education found in many of the population for whom spirituality is especially important (Hodge, 2001). For example, it was revealed by some studies in the US that about 20% of the current cohort of older people are functionally illiterate (George, 1997) and it was expected that the percentage of illiterate older people in Saudi Arabia would be higher. The difficult words and complex questions in many quantitative measures can increase the likelihood of inaccurate responses and can promote a dynamic which militates against the validity and accuracy of the research (Hodge, 2001).

Since, in addition, there has not been a single study done regarding the role of religion in older people's lives in Saudi nursing homes, the qualitative method can be seen as a suitable method to be used in the current study. Qualitative methods can be used to expose and understand what lies behind any experience about which little is known. They can also be used to obtain new slants on issues about which a fair amount is already known. Qualitative methods can also help to illuminate the complicated details of phenomena which are hard to convey through quantitative methods (Strauss and Corbin, 1998).

Qualitative research takes place in a natural setting where human behaviour and events occur. For example, the researcher often goes to the site (here, the nursing homes) where the participants are in order to conduct the research; this enables the researcher to appreciate a level of detail about the individuals or the place and to be

highly involved in the actual experiences of the participants (Creswell, 1994, 2003). Thus, qualitative methods allow the researcher to share in the understanding and perceptions of others and to explore the ways in which people structure and give meaning to their daily lives. In short, researchers using qualitative techniques should have prepared themselves to examine how the participants learn about and make sense of themselves and others (Palacios, 2000).

One of the more recent approaches in qualitative research methodology is the Biographic-Narrative- Interpretive Method, which is adopted in this study. The next section provides further information on this approach and also the reasons for selecting this approach to answering the main questions of the present research.

The Biographic-Narrative Approach in the Qualitative Research Paradigm

This section will provide detailed information about the Biographic-Narrative – Approach in the qualitative research paradigm which is adopted in the present study.

The biographical method, as Miller and Brewer (2003) describe it, is the collection and analysis of an intensive account of a whole life, or portion of a life, usually by an in-depth, unstructured interview. The account may be reinforced by semi-structured interviewing or personal documents. Rather than concentrating upon a ‘snapshot’ of an individual’s present situation, the biographical approach emphasises the placement of the individual within a nexus of social connections, historical events and life experiences (the life history). An important sub-stream of the method focuses upon the manner in which the respondent actively constructs a narrative of his/her life in response to the social context at the time of interview (the life story).

Lieblich et al. (1988) provide a comprehensive definition of 'narrative research'. They have defined it as any study which uses or analyses narrative material. The data can be collected as a story (a life story provided in an interview or a literary work) or in some different manner (e.g., the field notes of an anthropologist who writes up his or her observations as a narrative or in personal letters). Narrative can be the object of the research or a means of investigation in a larger study, which has a different set of questions. Narrative may be used for comparison among groups, to learn about a social phenomenon or historical period, or to explore a personality.

According to Lieblich et al. (1988) the advantages of utilising the Biographic-Narrative Approach in social research can be summarised as follows:

1. The fact that it provides rich qualitative data which cannot be obtained from experiments, questionnaires or observation concerning people's lives by enabling them to talk about their lives in their own words. It provides the researcher with access to their identity and personality. The story is their identity, a story created, told, revised and retold throughout life. People learn about each other by the stories that they tell.

2. The quantity of data gathered in life stories is large, although most narrative studies are conducted with smaller groups of individuals than the sample size employed in traditional research. In addition, no two interviews are alike and the uniqueness of the narratives is manifested in extremely rich data.

3. Narratives can be used in many disciplines for different reasons and can be useful for people who are on the margins of their societies. For example, in many studies in

sociology and anthropology, the narrative technique is used to represent the nature of the lifestyle of specific subgroups in society, defined by their gender, race and religion. From a social, cultural or ethnic point of view, these social groups are often discriminated-against minorities whose narratives express their otherwise unheard voices.

4. Narratives are also used in developmental psychology and sociology to study certain age groups, such as older people and the experience of cohorts in a society.

The use of personal texts in social sciences and related disciplines can be traced back to the time when insight emerged that understanding social reality requires a profound knowledge of how people experience and interpret their social reality. In sociology, for example, it was the growth of the American cities during the second half of the nineteenth century, especially the situation of the immigrants who gathered in these cities, which formed the background to the adoption of the first academic use of written or spoken biographies. In their research on Polish peasants in America and Europe, which was formative in the development of the Chicago School, William Isaak Thomas and Florian Znaniecki developed for the first time a biographical approach to social reality (Chamberlayne et al., 2002).

Nevertheless, the Biographic-Narrative methodology has been developed most notably by Johnson (1976) and Bertaux (1981), mainly because they expressed disillusionment with the use of positivistic research methods for studying different aspects of culture and the ways in which individuals construct their own personal meanings in a particular cultural life-context. While reviewing the existing literature

on old age, Johnson observes that most of the studies confined themselves to the “immediately observable and present features” of the participants’ life and hence failed to take into account the dynamic perception of being old (or simply older) as “the present manifestation of past experiences and processes” (Johnson, 1976). Similarly, Bertaux advances a strong argument in favour of abandoning the quest for a scientific sociology. On the contrary, he suggests that “acquiring knowledge about certain social processes” should take priority in sociological inquiry and calls upon sociologists to develop a new discourse, which he termed ‘narration’, through being attentive to the telling *of life stories* (Bertaux, 1981).

Despite this clear recognition of the importance of narratives in social research, there have been different interpretations of the best ways for researchers to collect data from participants. Obviously in conventional research terms there are issues relating to the accuracy, validity and reliability of the data generated through the Biographic-Narrative approach. In this approach, the interview method emerges as the most widely used technique for data gathering. Although the telling of stories takes place within the context of a focused interview and is inevitably shaped by the form, style and interaction between the interviewer and the respondent, the participant is, nevertheless, given the opportunity to reflect upon and express particular aspects of his/her life at the time of the interview (Gearing and Dant, 1990). The account provided by the respondent would obviously remain something to be interpreted by the researcher. We should not forget that even in the interview context the interviewer is listening but also simultaneously interpreting a particular narrative. For this reason, the Biographic-Narrative approach, like qualitative research in general, acknowledges the irreducibly subjective character of social research.

Interviews as a Research Technique

The study adopts an exploratory research design using the interview method. Interviewing is one of the most common and powerful ways of understanding one's fellow human beings. It has a wide variety of forms and a multiplicity of uses. The most common type of interviewing is individual, face-to-face verbal interchange, but it can also take the form of face-to-face group interviewing, mailed or self-administered questionnaires and telephone surveys. Interviewing can be structured, semi-structured, or unstructured. It can be used for marketing purposes, to gather political opinions, for therapeutic reasons, or to produce data for academic analysis. It can be used for the purpose of measurement or its scope can be the understanding of an individual or a group perspective. An interview can be a one-time brief exchange, say five minutes over the telephone, or it can take place over multiple, lengthy sessions, sometimes spanning days, as in the life-history interviewing which has been used in the present study (Denzin and Lincoln, 1998).

The main principle of the narrative interview is its openness. For example, Chamberlayne et al. (2002) argue that the interview and questions are not determined by theoretically deduced hypotheses constructed in advance, but depend rather on the themes and the way in which they are presented by the interviewee. Usually questions are open-ended, allowing the respondent to generate more personal information concerning the general themes of the interview. The narrative interview operates with the assumption that the relevant patterns and interconnections in the field under investigation will emerge in the course of the research. A precondition for this is that the interviewees (as actors in the field) are given the possibility and space to develop accounts of their experiences, which are not guided by the researcher's

questions. The reason for using open-ended questions is to keep the interviewees focused on their experiences.

Opting to use the interview technique is an important decision in relation to the nature of Saudi society. Currently, few people in Saudi Arabia and many other Arab countries, especially the Gulf States, are used to being involved as participants in academic research because there is very little research of this kind going on; hence, interviews tend to be more acceptable, as well as being more likely to be understood, than other research techniques. For example, Suleiman points out that the authorities in the Arab World are:

“Not, strictly speaking, opposed to research as such but to any potential embarrassing or harmful consequences. Thus, to conduct individual interviews, even among adults and even concerning state foreign policy and security issues, is often feasible and perhaps tolerated, in part because the authorities are unable to stop it but also because they do not see it as threatening to their positions.”
(Suleiman, 1987, p. 63)

The interview technique was chosen because it was flexible enough to be used with this group of people. Since this study is about older people, it was expected that some would be illiterate, or would have some sight and hearing difficulties. Thus, using the interview technique has a number of advantages. For example, interviews typically attain a higher response rate than mail surveys. The presence of an interviewer generally reduces the number of ‘don’t knows’ and ‘no answers’. If the respondent clearly misunderstands the intention behind a question, or indicates that he or she does not understand, the interviewer can clarify matters, thereby ensuring a relevant response. Moreover, the interviewer can observe as well as ask questions. For example, the interviewer can surmise the respondent’s race if asking about it is

considered too delicate. Similar observations can be made regarding the quality of the dwelling, the presence of various possessions, the respondent's ability to speak some languages, the respondent's general reactions to the study and so forth (Rubin and Babbie, 1997).

Methods and Procedures of Study

Despite the above important methodological issues, as Chamberlayne et al. (2002) emphasise, by giving priority to the participants' self-articulated narratives, the Biographic-Narrative approach enables the researcher to describe and understand the interviewees' life trajectories and in particular their social contexts. From the general literature on qualitative research and the Biographic-Narrative approach in particular, I selected a particular interview technique developed by Wengraf (2001) which seemed most appropriate to implement in my study. The "Lightly-Structured Depth Interview" technique, as developed by Wengraf to elicit participants' life stories, would, I thought, be quite practical to implement in my research. I used principles derived from Wengraf's approach in order to conduct an initial open-ended in-depth interview followed up by semi-structured interviews.

As Wengraf (2001, p. 111) explains, his interview design focuses on the "elicitation of story telling, of narration which can be called a narrative interview design". The interview starts off with a single initial narrative question and particularly focuses on the research question in relation to a part or the whole of an individual's life story. The interview design involves three main sub-sessions. In the first sub-session, the initial elaboration of the story around relevant topics is carried out. At this initial stage the interviewer asks a single and general question designed to elicit the full

narrative without interrupting the participant. Uninterrupted by further questions, it allows the interviewees to develop their own sense of what is relevant to the topic and relate it to their own biographical experiences.

The second sub-session is aimed at extracting more of the story from the topics/issues raised in the initial narration. This stage is best done on the same day, after a break at the end of the first sub-session, or, if the first narration is long, it can be conducted as a follow-up interview later. The discussion should be restricted to the issues/topics mentioned in the initial stage. No topics should be introduced except the topics mentioned by the participants relating to the first sub-session.

The third sub-session is regarded as a separate interview and is conducted at least a week later, or longer if possible. This third sub-session should be conducted if the previous two sub-sessions did not generate enough data. In it the interviewer asks direct questions around the main research topic, if they have so far not been commented upon by the participants (Wengraf, 2001).

I followed Wengraf's approach by focusing on the religious experiences of the participants in the present study. Some of them found it appropriate to be interviewed on two separate occasions either because they felt tired or they needed some time to retrieve the relevant information from their memories. Some of the participants needed to be interviewed for a third time because they did not provide the relevant information during the first two stages. Some of the participants were unable for health reasons to complete a full interview session and had to be re-interviewed later. Mainly because of their health, I had to be flexible in terms of adapting to the

participants' everyday programmes. I had shared the cultural life of the participants and know something of the tribes and families in the western region of Saudi Arabia and this helped establish a quick rapport with the participants. In addition, the older men in the study found it interesting to talk about religious issues and found my information and interest in their religious experiences helped them to articulate their personal experiences with religion.

Setting

This study was conducted in two nursing homes located 80 Km apart in the cities of Makkah and Al-taif, which are in the western province of Saudi Arabia. The two nursing homes where the participants lived were operated by the same ministry (the Ministry of Labour and Social Affairs), but have separate staff, clinicians and facilities. Makkah is a Holy City because of the location of the Ka'ba to which Muslims all around the world journey to fulfil one of the Commandments of Islam (see Chapter 4). It is the destination of Muslim pilgrimages. Thus, it is a city that is open to all Muslims. The population of this city is about 300,000, most of whom have different backgrounds. Containing the two most holy sites for Muslims all over the world, it has for a long time attracted migrants to the western region of Saudi Arabia. Many people coming from diverse ethnic cultural backgrounds have settled there. Today the multi-racial character of the region, including Arabs from many different parts of the world, Africa, Asia, etc., is easily observed.

Al-taif (which lies south-east of Jeddah and the Holy City of Makkah) stands 1,800 metres above sea level. Its cooler temperatures have made it a traditional summer resort for both these cities and, in the summer months, the seat of government is

moved from the dry heat of Riyadh to the more equable climate of Al-taif City. It is 80 Km away from Makkah and its population is about 250,000. Due to its pleasant climate, many people with homes in Makkah prefer to move to Al-taif for a while during the summer. These two cities are in the region called the Ḥejaz or 'barrier'. It lies to the west of the peninsula, containing 700 miles of the coastal plain along the Red Sea.

The reason for choosing only these two nursing homes was that I expected the time allowed for field study to be limited by the rules and regulations of the Ministry of Higher Education in Saudi Arabia, which state that a student is only allowed three months for field study (Ministry of Higher Education, 1998). In addition, the financial constraints in my case made me restrict my study to these two cities. For these reasons I planned at first to visit only the nursing home in Makkah City, since my university is in Makkah. However, it was expected that there would not be enough older people in the nursing home in Makkah for the study; therefore Al-taif was chosen because it is the nearest city to Makkah with a public nursing home.

Permission and Access

I arrived at Makkah City, Saudi Arabia on 20th July 2002, when I immediately contacted my university (Umm al-Qura University), which in turn provided me with two letters (see Appendix B) to the two nursing homes in Makkah and Al-taif, enabling me to carry out my study in these nursing homes and to gain the information required for my study. The managers of these two nursing homes agreed to be interviewed and they also introduced me to all the staff. Two social workers also agreed to be interviewed and were included in my study after I had explained to them

the importance of their views about different aspects of the lives of the older people in the nursing home. They also introduced me to the residents, which made it easier for me to describe my research and get their permission to interview them. All the managers, social workers, other staff and, most importantly, the residents, helped me and facilitated the task of accessing and collecting the information required for my study.

Sampling

Sampling was defined by Gay (1987, p. 101) as:

“the process of selecting a number of individuals for a study in such a way that the individuals represent the larger group from which they were selected. The individuals selected comprise a sample and the larger group from which they are drawn is referred to as a population.”

Bryman (2001, p. 85) defines sampling as choosing *“the segment of the population that is selected for investigation.”*

Samples are of two kinds: probability samples and non-probability samples. A probability sample is one *“where each element in a population is chosen at random and has a known, non-zero chance of selection”* (Arber, 1993, p. 71).

A non-probability sample is defined as *“A sample that has not been selected using a random selection method”* (Bryman, 2001, p. 85).

Simple random sampling, systematic random sampling, stratified random sampling and cluster sampling are all different kinds of probability sampling. Quota sampling,

convenience or haphazard sampling and snowball sampling are examples of non-probability sampling (Bernard, 2000).

Criteria for the Selection of the Study Sample

In this study, participants were self-selected and do not represent a random cross-section of the residents at the two nursing homes; random sampling is not one of the goals of qualitative methods. According to Rubin and Babbie (1997), controlled sampling techniques are normally inappropriate in field research, where it is virtually impossible to control all variables concerning the participants. As a result, non-probability sampling, such as “purposive or convenient” techniques, is more likely to be used. They add that the concept of sampling in connection with qualitative research is more complicated than it is for other kinds of research. Qualitative researchers attempt to observe everything within their field of study; thus, in a sense, they do not sample at all. Sampling procedures are based on the guidelines provided by the Biographic-Narrative methodology and the procedures for semi-structured interviews in this model are followed. Accordingly, in this research, since the focus was on older male participants in two selected nursing homes in the western region of Saudi Arabia, the sampling procedure could be identified as purposeful/convenient sampling. The strategy of purposeful/convenient sampling is suggested as one of the most suitable sampling techniques for conducting a Biographical-Narrative study (Creswell, 1998; Miller and Brewer, 2003; Rubin and Babbie, 1997).

In order to explore the issues of this study within a general qualitative research framework, it was planned to interview 20 male participants selected from two nursing homes in the same region. There are various reasons for choosing this

number of people. One of these reasons is their health. During the visit to these two places in 2001, it was noticed that most of the older people who lived there had severe dementia and could not communicate or even remember their own names or the place in which they live. This problem was discussed with the managers of these two nursing homes, who emphasised the impossibility of getting any information from these people. They also stated that all they could do for these people was to provide them with a safe environment.

After obtaining official permission from the Ministry of Labour and Social Affairs (see Appendix B), I visited the two nursing homes, met the staff and visited all 71 residents in the male sections of both nursing homes. Thirty of them were excluded for health reasons but I had the opportunity of explaining the research aims to the remaining 41, whom I asked to participate in the research. In the event, only 18 of them volunteered to take part. However, the small number did not prevent me from obtaining satisfactory information about the participants' opinions. This may be because the study was conducted in the form of in-depth interviews, which is a useful way of obtaining information.

The study sample also included the two managers and two social workers based in these two nursing homes. Their views about the nursing homes and their observations about older people's religious lives and activities were explored.

The present study is the first attempt to explore and analyse the religious factors associated with the lives of older people in Saudi nursing homes. One of the purposes of exploratory research is to describe a sample with certain characteristics and

interpret what the findings are. This may help to investigate the experience of older people in general.

Collecting Data

The present study drew its information from primary and secondary sources. The primary research data were mainly collected through interviews with older male participants. However, additional interviews with social workers and managers in the nursing homes and the field notes also provided multiple sources of primary data. The secondary sources include the existing literature, in the form of published and unpublished materials, magazines and newspapers.

Primary Sources

Interviews with Older People

As mentioned above, Biographic-Narratives-Interpretive Method suggested by Wengraf (2001) was used. The interviews were conducted in three main stages called sub-sessions and focused on the life narratives of the participants, with special reference to their particular life and religious experiences. This type of interview technique has a standard opening stage in which the aims of the interview are explained to the participants and they are asked to talk about their life stories as freely as they wish without any interruptions from the interviewer (see Appendix C). During the second sub-session, clarification and story-eliciting questions were asked about what the participants said in the first stage. No questions were asked about a topic not raised by the participants in the initial narration, nor were questions about a 'raised topic' asked out of sequence. This is the stage where the participants were asked to provide more stories about their lives. According to the formal procedures of this interview schedule, the researcher met in sub-session three with some participants

who had not given enough information, or whose information was not found to be satisfactory. They were asked to comment on and talk about specific questions which were important to the study. This stage involved asking participants to reflect on questions arising from the preliminary analysis of the material from the two earlier sub-sessions and asking questions directly related to the research aims and questions.

By following the above briefly described procedures, I first introduced myself to the participants and explained that I was interested in exploring the role of religion in the life of older people in Saudi nursing homes. I asked their permission to tape-record the interview and further assured them that all of the interview content would be kept confidential and used in the study only with their permission. They were told that the interviews were informal; they should express themselves freely and start talking about any issue or life experience they wished. They were also told that they were free to stop or take a break at any time during the interview session. All the interviews were tape-recorded with permission from the participants. This is the most common technology now used in research interviews and is essential if a full transcript is to be made at the end.

Interview with Managers and Social Workers

Two sets of semi-structured interview schedules were designed, one for the managers of the two nursing homes and the other for the social workers.

Semi-structured interviews are characterised as being those in which the interviewer has certain questions to ask of all interviewees, but also allows respondents to raise issues and questions as the interview progresses (Mckernan, 1996).

Mckernan also adds that:

"It is important that these are not tacked on to the end of a pre-test list of questions, but are allowed to occur naturally throughout the course of the interview." (p. 129)

May (1997, p. 111) argues that "between the focused and structured methods sits one which utilises techniques from both". This form of interview employs 'open-ended' and 'closed' questioning but the questions are not asked in a specific order and no schedule is used (Naoum, 1999). Here, questions are normally specified, but the interviewer has more freedom to probe beyond the answers in a way which might frequently seem prejudicial to the aims of standardisation and comparability (May, 1997). Whereas the interviewer can ask for information relating to age, sex, occupation, etc., in a standardised format, qualitative information relating to other topics can be recorded by the interviewer who can seek both clarification and elaboration of the answers given (May, 1997). It is also more formal than an unstructured interview in that "there are a number of specific topics around which to build the interview" (Naoum, 1999, p. 57).

The semi-structured interview schedules were constructed as follows:

For managers: the interviews consisted of a number of questions relating to specific issues, such as the general objectives of nursing homes, the regime and routines of nursing homes, the social policy in Saudi Arabia for older people, the rights of older people who live in nursing homes, the admission procedures for people to nursing homes, the difficulties or problems which older people have in nursing homes, as the managers saw them, the access to places of worship which are provided to older people in nursing homes, the role of religion, as they saw it, in older peoples' lives in

nursing homes and the activities which are provided for and joined in by the older men (see Appendix D) .

For social workers: the interviews included a set of questions focusing on specific topics which would contribute to the aims and objectives of the study, such as the general objectives of nursing home social work, the extent of co-operation between the social workers and the managers, the medical team (doctors and nurses), religious organisations, the extent of the relationships between social workers and older men in nursing homes, the role of social work in nursing homes and the impact of religion on their work with older men. They were also asked about the role of religion on older men's lives in Saudi nursing homes from their observations and experiences in the nursing homes (see Appendix D).

Field Notes

Eisendhardt argues that a salient feature of research, which builds a theory from evidence, is the frequent overlap of data analysis with data collection. Field notes, a running commentary by a researcher or team of researchers, are important means of securing this overlap. The same author describes field notes as an ongoing stream-of-consciousness commentary about what is happening in the research, involving both observation and analysis – preferably separated from each other (Eisendhardt, 2002). Fielding (1993, p. 161) emphasises that field notes reflect the presence of the researcher in the setting:

“if you do not record what happens you might as well not be in the setting. In order to take field notes it is sensible to develop your powers of observation gradually.”

Researchers may forget exactly what is happening in the setting where they undertook their studies, and not always progressively over time. To avoid this erosion of memory, researchers can make notes while undertaking their field research. For example, Fielding (1993) argues that the erosion of memory is not related to time as closely as it is to new input. In other words, the more stimuli to which an individual is subjected during a day, the more detail is forced out. Fielding (1993, p. 161) recommends that *"it is a good idea, then, to write up field notes before engaging in further interaction after a round of observation"*.

Fielding (1993) describes three kinds of note taking: mental notes, jotted notes and full field notes. I chose mainly to write down jotted notes, and, on a very few occasions, I wrote down full field notes when time and circumstances permitted. On many occasions I was unable to write down notes in detail; instead I recorded jotted notes which were written up in detail as soon as time allowed. According to Fielding (1993), the jotted note may be most useful when covert observation is taking place but even when subjects are well aware they are being observed, as in the case of this study, it can be disruptive for an interlocutor to be busily note-taking. As Fielding remarks: *"It is sensible to jot notes at inconspicuous moments"* (p. 161). A routine tactic is to find a reasonable excuse to leave the setting and go somewhere where jotted notes can be amplified. The object of these kind of notes is to jog the memory when writing full field notes (Fielding, 1993).

Eisenhardt (2002) refers to two keys to success in taking field notes. One is to write down whatever impressions occur, that is, to react rather than to sift out what may seem important, because it is usually difficult to know what will and what will not be

useful in the future. The second key is to prompt thinking about these notes by asking questions. However, when using an observational process, the researcher does not need to ask participants about their behaviour or about the actions of others, as these can be observed while talking to them (Nachmias and Nachmias, 1981).

In this study, I used field notes as another means of data collection and information. However, these full field notes, which I call 'observations', helped me in terms of understanding and interpreting some general attitudes revealed through the participants' answers. These observations also provided me with a clear perception of what older men encountered within their living environment (the nursing home). It also helped me to understand something about the role of religion in older men's lives through observing their behaviours and the religious materials which they have in their rooms, such as the Qur'an, religious programmes on TV or the radio, religious pictures and so forth. Most of these observations were employed to elucidate and interpret some of the findings during the data analysis process.

Secondary Sources

Published Material

A wide range of the published books and articles, which deal with the topic of this thesis and were available to me, have been utilised. They constitute the greater part of the secondary data and are referred to in the main text by the author's name and the date of publication.

Unpublished Materials

This category contains mainly Ph.D. and Masters' theses which have not been published. They are identified in the Bibliography as such.

Newspapers and Magazines

Part of the information about contemporary Saudi Arabia and Saudi older people comes from newspapers and magazines, mainly Arabic and Saudi Arabian in origin. They are also identified in the Bibliography.

Data Analysis

In this study, the method of analysis of the interviews did not use the biographical method. I followed the general procedures for data analysis suggested by Creswell (2003). As will be explained below, Creswell's procedure was much more direct than Wengraf's procedure. The data analysis in the present thesis is not presented case by case but *thematically*, describing the views and perspectives of each participant on the overarching themes which were raised by them all. No software programme for data analysis was deemed necessary, as the study sample was to be analysed manually. It was felt that the strategy of manual analysis would be more practical and allow me a better engagement with the data. Manual analysis enabled me to get a feel for the data whereas software is of use only with data management.

Although Wengraf's Biographic-Narrative-Interpretive method of interviewing, as a technique for collecting data, was easy to understand and also to employ, the data analysis approach was obfuscatory and difficult to employ. One problem was that numerous acronyms are used throughout Wengraf's book (e.g. BDA, BDC, BIM, BINM) which made it necessary to move backwards and forwards through the text to remember what particular meaning was being adopted at any given time. This point is supported by Wrigley (2002), who reviewed this book and emphasised that it had some aspects which made it hard to use for those who might be starting out on their

research journey. Wrigley argues that, in the layout of the book, the acronyms are not even presented on the same page. He adds that while Wengraf does acknowledge this problem of the use of acronyms, he is sure that readers new to the field will have few problems getting used to the terms.

The other problem was the lack of information about the use of CAQDAS software in the analysis of the interview text. This point can also be supported by Wrigley's comments. He argues that Wengraf kept the information about this software very brief but in the same sentence suggested that it supplied very useful tools which researchers should utilise (Wrigley, 2002, March). Therefore, I decided to look for a similar but easier technique to adopt for analysing my data. This technique was the six steps suggested by Creswell (2003), which was very straightforward and easy to use. In addition, it has similar principles and procedures to those of the Biographic-Narrative-Interpretive method. For example, Wengraf mentions that biographies are texts which refer to past experience in a present horizon and against a horizon of future expectations. The process of analysis addresses these relations in different steps, aiming at the reconstruction of the interrelation between the lived-through past and the present story against the horizon of future expectations.

I found that the data collection/analysis techniques suggested by Wengraf and Creswell were very useful and complemented each other. In my opinion, the data collected by the Biographic-Narrative method interview would require a flexible and clear technique such as the one proposed by Creswell. In turn, this technique of analysis requires a rich type of data which can be obtained through the Biographic-Narrative method of interviewing.

In a qualitative research framework, data analysis and interpretation are regarded as the process of making sense of the data by continually reflecting on them and asking analytical questions. The main aim behind data analysis is to explore the data by identifying the structures of meaning which are expressed by the participant and presenting them in an organised way. In narrative research the emphasis in data analysis is on re-storying the participants' personal narratives concerning a particular aspect of their life experiences through being attentive to the contextual features in which they have located themselves.

Creswell summarises in six general steps the general procedures which are generic to qualitative data analysis. The first step involves the organisation and preparation of data for analysis, for example, transcribing the interviews and typing field notes. During the second step, in order to get a general sense of the data, the interview content is read and reflected upon. This is followed by the coding of the data; this process enables the data to be categorised into topics, which are then given separate labels. Step four involves describing carefully the detailed information about the people interviewed and the places and cultural context within which the data were generated. It is at this stage that the coded themes/categories emerge which constitute the main findings of the research. This activity leads to the development of a coherent picture and understanding (storyline) of the data. Step five is to decide how the description and the themes identified in the previous stage will be represented. Generally, narrative descriptions are used to display the data and convey the key research findings. The last step of data analysis is the process of interpreting the data

in the light of the key research questions and aims and show how they contribute to the field (Creswell, 2003).

Creswell's summary of qualitative data analysis strategies was found to be clear and easy to apply. Accordingly, the tape-recorded interviews were transcribed and translated from Arabic to English. It is important to point out that every translation is at the same time an interpretation; thus it inevitably entails a subjective process. In addition, it is not always easy to find the exact equivalence to culturally sensitive concepts in another language. Because I carried out the interviews and shared the same cultural life, it was possible for me to grasp the meaning of the verbal expressions and also the gestures, body language, silences, emotional expressions in the participants' native cultural and linguistic context (Creswell, 2003). I personally carried out the translation, thereby ensuring as far as possible the authenticity of what the participants had shared in the original interview sessions.

The data were reread several times in order to get a general sense of what the participants meant. During this process it was found helpful to listen to the recorded interviews in their original Arabic in case the translation process missed some of the culturally sensitive or emotional expressions or silences, or the tone of the ideas that had not been conveyed accurately in the English transcription. While listening to and reading the interviews, some preliminary notes and reflections were made concerning the general ideas and meanings expressed by the participants.

During the third stage, the transcribed data were coded, which involved organising the materials into chunks before bringing meaning to the clustered information. The

organised data were put into different categories according to the overall meaning which they expressed. Each category was given a different colour symbolising a different topic and meaning structure, which signified the start of the fourth step. This stage involved a description of the participants, the setting and the themes generated with the data. These themes, in fact, constituted the main findings of the research and each theme was interpreted according to the life experiences of each individual participating in the study. At this stage I narrated the stories which had been told by the participants about themselves in connection with the interview topic.

The above stage prepared the ground to represent the data analysis, which, in qualitative research, usually takes the form of a narrative of the participants' life experiences. The fieldwork diary was used in analysing the data, to help me remember what I had observed during the fieldwork on the research site. The final stage of the data analysis is the overall interpretation of the findings; this will be found in Chapter 9, below.

Issues Around the Validity and Reliability of Qualitative Research

Discussion concerning validity/reliability, the two touchstones of social research, is essentially about checking the accuracy and credibility of data collection and findings. The notions of validity and reliability are understood differently in qualitative and quantitative research. It appears that the notion of reliability, which is commonly and closely associated with the idea of generalisability in quantitative research, may play a minor role in qualitative inquiry. However, it is possible that in a limited way qualitative researchers can check for reliability in the sense of seeking consistent patterns of thematic development across several investigations on a particular topic.

Conversely, validity is seen as the strength of qualitative research, as it provides for a check to make sure that the findings are accurate from the standpoint of the participants. In this sense, terms such as authenticity and credibility are generally utilised to convey the validity of research findings.

Qualitative researchers (Creswell, 2003) have suggested some strategies which may help to ensure the validity of research findings. One of these strategies is to triangulate different data sources by examining the evidence from different sources and using it to construct a coherent justification for the themes identified. The second strategy involves providing rich, thick descriptions to convey the findings and the third strategy is to use an external auditor to review the whole project, read the transcribed data and findings and independently offer his/her interpretation. As I mentioned in the data collection section, in this study the main sources of data collection were the interviews conducted with the older male participants. In addition, observations recorded in the fieldwork diary and interviews with the two managers and two social workers were also among the sources of data. For this reason, the study employed a data triangulation strategy to gather different blocks of data (from interview managers and social workers and also field notes). It is common in triangulation that, as well as different methods, one can have the same information taken at different times, in different spaces/locations, or from different people (Miller and Brewer, 2003).

In the present study the above-mentioned procedures were used to ensure the overall validity of the research findings. Extensive use was made of quotations, in order to provide the reader with the wider cultural context of the study. Finally, an independent external auditor read the transcribed data and themes, which had been

identified, in order to provide an external review of the research process and to comment on the general findings. He is a Muslim, well educated, a specialist in Islamic Education and currently working at the School of Education at Birmingham University. He speaks Arabic and is intimately familiar with Saudi Arabian culture and an expert on empirical research on contemporary Islam. As a rule I discussed with him the translation of the Arabic interviews and took his advice. The whole experience helped me to rethink some of the issues and interpret them in a wider context. This strategy was suggested by Creswell (2003) whose data analysis procedures are followed in the study.

Ethical Considerations

A major tenet of research ethics is that participation must be voluntary. No one should be forced to participate. All participants must be made aware that they are participating in a study and must consent to participate in it (Rubin and Babbie, 1997). Qualitative research manuals tend to insist frequently that the informed consent of the study sample is absolutely essential to the integrity of a research project, according to Miles and Huberman (1994), who argue that this consent reflects the notion that only the individuals informed by the researcher have the freedom to choose to participate. In this study, all the respondents participated on a voluntary basis. There was neither any penalty for non-participation nor any influence on their nursing home services. They did not have to answer any question to which they objected. In addition, the traditional ethical concerns which have revolved around the topics of informed consent, the right to privacy and protection from harm (physical, emotional, or any other kind) were taken into consideration during the interviews (Denzin and Lincoln, 1998).

The participants were assured that the information provided would be kept confidential and it would be used in this research only with their consent. For reasons of confidentiality the participants' names were not revealed. I asked each participant before the interview started whether I could record their responses and quote them in my work. Although most of them did not object to their names being mentioned, they were still given pseudonyms.

The Researcher's Position in the Study

It should be noted that despite the advantage of my background and practice of Islamic religion and the experiences of knowing different people who have different customs and dialects, I was sometimes worried when I felt that there was a difficulty in going from inside to outside in my fieldwork. However, I overcame this difficulty by reminding myself whenever I had the feeling of being too much involved that I had to give enough weight to my role as a researcher. I tried to maintain an objective stance towards the participants and the interpretation of the data. Although, as was mentioned above, there are advantages in coming from the same culture as the participants, I did not want my being a Muslim and coming from the same society to influence the conduct and interest of the study findings. The issue of being an insider and yet an outsider was important for me and I tried to prepare myself for the tension between these positions in order to accurately describe and reflect what the participants said during their interviews.

Limitations of the Study

One of the main limitations of this study was the fact that it is based on the experiences of male participants only, as it would have been impossible for me to include female participants. It is not allowed for a male researcher to work with female subjects. In Saudi Arabian culture nearly every public institution is organised separately for males and females; as a result, the nursing homes are for men or women only, or are divided along gender lines into two sections. It is essential to mention that one of the Islamic traditions observed strictly in Saudi Arabia and also in some other Islamic countries is gender segregation, which is dictated by the stipulations of the Šari'a and prohibits men and women from mixing in public places, such as workplaces, schools, businesses, nursing homes, etc. This segregation has resulted in the employment of male staff in men's work areas, for example, male social workers and male nurses in men's wards in hospitals or nursing homes and male teachers in boys' schools. Similarly, female staff are employed in women's work areas, for instance, female social workers and female nurses in women's wards in nursing homes and female teachers in girls' schools. Therefore, Saudi culture, as discussed in Chapter Three, has been shaped by the traditions, norms and behaviours, based mostly, if not wholly, on the principles of Islam.

The second limitation of the study is the fact that it is based on two nursing homes in the western region of the country. Saudi Arabia is a big country and there were financial and time constraints on the research. As mentioned above, my fieldwork could not have gone on for more than three months, owing to the rules and regulations of the Ministry of Higher Education in Saudi Arabia (Ministry of Higher Education, 1998). It was, therefore, not possible to include nursing homes from other regions.

Given the focus of this study, the findings cannot be directly generalised to religions other than Islam. However, since this study adopted a qualitative research methodology, the issue of generalising the findings does not constitute an important shortcoming. This is because the aim has been to explore in depth the experiences of selected male participants in a particular setting and to describe and analyse them accurately.

Conclusion

This chapter has discussed the methodological framework of the study. The key components of qualitative research, its definition, the advantages/disadvantages of qualitative methodology and research methods, issues of validity and reliability in the data collection and interpretation were discussed. It was suggested that the Biographic-Narrative-Interpretive Method to data collection, combined with a thematic approach to data analysis, is most appropriate for meeting the aims and addressing the research questions of the present study. In addition, information on the Biographic-Narrative-Interpretive Method and the reasons behind adopting such a research strategy were provided. Finally, the research setting, sampling and ethical considerations involved in qualitative research were discussed.

The next chapter presents the immediate context of the two nursing homes where the fieldwork took place, describing their physical structure and daily activities, the duties of the managers, social workers and supervisors and their interaction with the residents and the overall policy, provision and practice within the two nursing homes.

CHAPTER SIX

Policy, Provision and Practices within the Saudi Nursing Homes

Introduction

This chapter provides some background information on the general characteristics of the nursing homes, the interaction between them and the wider community, their daily routine, activities and the duties of the managers, social workers and supervisors in the nursing homes. Some researchers emphasise that it may be useful when conducting research into conditions in residential care to pay attention to the specific characteristics of particular residential establishments on a number of aspects, such as buildings, organisational context, history, staffing arrangements and staff composition (Baldwin et al., 1993). In this chapter, some of these dimensions will be discussed (see also the history of nursing homes in Saudi Arabia in Chapter 3). This general information is based on observations and interviews with managers and social workers. The questions and issues which were addressed are included in Appendix D.

Characteristics and Routines of Saudi Nursing Homes

Nursing Homes as Facilities for Social Service

As discussed in Chapter 3, nursing homes in Saudi Arabia are governed by the Ministry of Labour and Social Affairs. Therefore, the admission of older people and the choice of people or professionals to work in them must be decided with the approval of the Ministry. The Ministry of Labour and Social Affairs, on behalf of the government, is in charge of carrying out programmes and projects for improving living conditions for the population and smoothing out the processes arising from the rapid transformation of the socio-economic system. There are a number of social rehabilitation, care and remedial services, designed to assist the physically or mentally

disadvantaged, to protect vulnerable members of society and to deal with problems such as juvenile delinquency. These services are provided through a network of facilities which, in 1999, comprised 10 nursing homes, 16 orphanages, 22 social guidance and probation institutions, 5 residential nurseries for disabled children, 2 centres for paralysed children, 28 centres for the rehabilitation of the disabled and 11 offices for vagrancy control (Al-Farsy, 2001).

Managers and social workers have social work degrees (see Appendix A, Professional Preparation of Social Workers in Saudi Arabia). Managers of nursing homes are usually chosen after they have worked hard and successfully for several years as social workers. One of the managers whom I interviewed mentioned that he is a social worker and has been working in this ministry for seven years. After his graduation from King Abdulaziz University, he worked in a military hospital for some years and was then transferred to the Ministry of Labour and Social Affairs at his own request. The other manager said:

"I have loved the field of social work since I was a child. I love helping people and contributing to reducing their suffering. I chose this field by studying it. I got a degree and worked in different places with different powerless people."

The Makkah and Al-taif Nursing Homes Observed in Detail

It was observed that not all nursing homes have the same structural design features. For example, it appeared that the building or design features of the nursing home in Makkah City was unsuitable for older people in that it was laid out on several floors. Although people who have special needs or use wheelchairs are placed on the ground floor, the building is still not ideal for older people. Many of them have complained about the building but have had no response. Conditions are worse when the lift is

broken; people have to stay in their rooms and this causes a feeling of being trapped and may sometimes lead to a feeling of claustrophobia. It was obvious that this kind of design feature could reduce the residents' freedom and restrict their mobility. I talked with the manager of the Makkah nursing home about the inconvenience of the building, especially after I observed one resident screaming one day. He was complaining about the broken lift. He could not use the stairs and felt very angry. He believed that none of the managers and staff was interested and did not care about him and the other residents (Field note, 15-08-02, p. 4).

When I raised the issue of the broken lift and overall inappropriateness of the building, the manager said that they had been obliged to move to this building as a temporary measure, while the original building was being refurbished. He agreed that it had taken a long time but he said there were some financial and bureaucratic problems behind the delay. The manager showed his concern and sympathy with all the residents in this nursing home but he believed that the fault was not his. He claimed that he had sent many letters and talked with many people in the Ministry of Labour and Social Affairs to speed up the refurbishment and help the older people to get back to the previous building, which, in his view, was a very good and well-designed place for older people (Field notes, 15-08-02, p. 5).

The nursing home built in Al-taif City appeared much more appropriate than the one in Makkah City. Its ground floor has a number of rooms; offices which are used by supervisors and workers and a special place for prayers. The administrative section is isolated from the residents' section but it is close by. Everything was close together in this nursing home, which makes it easy for older people and even for the service

staff to move around without any difficulty. The good weather in this city is also much appreciated by the older people, as they can enjoy time spent sitting in the garden. Even in their rooms they rarely need the air-conditioning. This is different from the nursing home in Makkah City. There, too, the toilets are centrally placed on each floor, a long way from some of the bedrooms. Every room in the Al-taif nursing home has its own toilet, which is very convenient for older men, as it does not require much of an effort to reach it (Field note, 23-08-02, p. 10).

In both nursing homes it was noted that three or four men shared every room. For each room, there are two workers responsible for helping the older people with personal hygiene or if they need to change their clothes (residents in nursing homes are provided with free clothes and SR 60 monthly) (Field note, 23-08-02, p. 12).

Admission Procedures for People to Live in These Nursing Homes

The managers of the two selected nursing homes were asked about the procedures for people to be admitted to a Saudi nursing home (see Chapter Three for more details).

One of the managers replied with a long list of criteria;

“the requirements of living here are: those who are Saudi citizens, sixty or over in age and unable to take care of themselves, without children or relatives who can help. Sometimes, if elderly people have children but they have some familial problems or conflicts, nursing homes will accept them. Nursing homes accept people who do not have children or kin and are referred from hospital. Those people who have loss of mobility, loss of bladder or bowel control, or mental confusion. People also should have medical reports which prove that they do not have infectious diseases. In addition, their personal history should show reasonable reasons to accept them.”

The second manager's response to the same question was:

"the conditions of admission mentioned by the official document of Ministry of Labour and Social Affair are: reaching the age of sixty, cannot take care of themselves, do not have somebody to take care of them. It is important to make sure that they really need institutional care owing to disabilities and frailty."

Everyday Programmes for Residents of the Nursing Homes

It was noticed that residents in these two nursing homes spend a great deal of their time with little or nothing to do. Most of them spend the greater part of their time in passive activities, such as doing nothing, sleeping and waiting. According to the field notes, a typical day can be described as follows:

Some of the residents awake at 5 a.m., make their ablutions and perform the first obligatory prayer of the day. They are not compelled to do so, for health reasons. After prayers, they go back to their rooms and rest until 7 a.m. when they wash their faces and hands and get ready for breakfast with the assistance of the workers. When they have finished breakfast, the workers take those who need help to the shower and assist them to bathe and then they go back to their rooms to dress.

Some residents who need physiotherapy can begin at 9 a.m. At 10 a.m. residents can go or be taken to the activity room for coffee and tea. Those whose health is satisfactory can stay there for some time; a discussion of current events is scheduled and they are given the opportunity to share their views. At 12 a.m. residents can prepare themselves by making their ablutions for prayer.

At noon they go, if they can, with the other residents to the place of prayer (the nursing homes had prayer rooms and those who desired to worship in the mosques

were provided with assistance by the workers). One of the managers stressed that facilitating attendance at religious services was an important part of the daily routine in the homes;

"There is a place for prayers, we have some religious lectures and seminars. Social workers always remind the residents about the time for prayers and sometimes teach them some religious things if they do not have any idea about it. And we have also provided all residents with headsets to listen to the Qur'an if they like."

(I did not, however, see any evidence of religious lectures and seminars.)

The other manager confirmed this and added that social policy in general with regard to nursing homes is based on religious values:

"The care of elderly people in Saudi Arabia gets its importance from religion. It encourages people to treat elderly people kindly and meet their needs."

He also elaborated on the religion in his nursing home:

"We have two types of elderly people: we have those who are perceptive and aware of what is going on around them and we have those who do not know anything and are not aware of anything. The aware people are also of two types, those who are able to move and walk and those who are disabled. The able people can go to the Mosque, which is outside the nursing home but not far away from it. Those who are disabled or have difficulties in moving or walking are provided with places inside the nursing home to perform the obligatory prayers. Every resident has one volume of the Qur'an but those who are illiterate can listen to the Qur'an on the radio. Most of the residents listen to religious programmes."

The managers thought that residents' religious observance was quite a positive element in the daily management of the nursing home:

"People who are aware, their relationship with religion is strong and they tend toward religiosity. Most of them mention Allah almost every time when someone does them any favours or serves them, they appreciate it and offer prayers for that person. Although most of them are not educated, they have very strong beliefs in Allah. In fact

their religiosity makes working with them very easy and enjoyable. We find it easy when we deal with religious people in the nursing home because they are more contented and comfortable than those who are less religious."

It was observed that managers and all staff sometimes join residents to perform prayers. They said that they were practising religious duties and this helped them to facilitate religious activities for the residents. In my view, this behaviour may reflect the type of regime in these nursing homes. For example, Evans et al. (1981) emphasise that the style of leadership shown by managers and their attitudes towards the care of residents are widely viewed as important determinants of the type of regime and the atmosphere of a home.

However, managers as well as social workers are not religious experts and hence they mentioned the need to organise visits by religious clergy/*imam* to the nursing homes. These include lectures, special religious services and all the activities that make the residents feel that they are part of the religious community, the *umma*. One of the managers complained about a lack of co-operation from some religious organisations. He showed me a list of names and religious places which he had prepared in order to invite religious speakers to the nursing home. He regretted that he had not received any response for a long time. He mentioned that nursing homes used to be visited by many religious people but now the organisations hardly send anyone and he did not know why things had changed;

"As you see, this list contains many places and names of Šayfs.. I sent letters and called many times. When I call them, they seemed to be willing and happy to come and contribute to reducing the stress that older people may have but they do not come. I do not know why they do not come. We have rarely had Šayfs who come, but they leave very quickly. We need people who can make regular visits to us to give ĥotba "speech" and educate people about their religious

duties. Some older people are very careful to practise their religion but they need to do it according to Šari'a (Islamic Law)."

If residents had visitors, they typically visited during the afternoon, although some visited during lunch. Very few of the residents in this study had visitors on the day of observation. This does not necessarily reflect the true frequency of time spent with visitors, since observation took place on weekdays.

Lunchtime comes after prayer and after lunch residents may choose to lie down for an hour or two. They can go back, if they want, to the activity room to watch TV. After lunch, they did little until 3 p.m. At 3 p.m. they return to their rooms to get themselves ready for prayer or to lie down for an hour (some of them prefer to read the Qur'an at this time). At 4 p.m. residents attend prayer and then go out to the garden and drink cups of tea and talk to one another. Social workers always try to sit with the residents during this time, to listen to them and learn what they need. At 6 p.m. residents return to their rooms and get themselves ready for prayer with the assistance of workers. After performing prayer they have their dinner. At 8 p.m. they pray the last prayers of the day and then some of them prefer to read or listen to the Qur'an or some of the traditional Prophets. After that, residents prepare themselves for bed, with the workers assisting those who need help in getting to bed.

It should be noted that not all residents can take part in all the activities mentioned above, as some of them are paralysed and cannot move from their beds. These people are served in bed.

An additional concern about the daily life of nursing home residents is that residents with cognitive impairments spend a large portion of their day in their rooms with little or no supervision. No accidents were witnessed during this study. However, I felt it was dangerous to leave these residents alone for a long period of time. One study found that most accidents occurred in residents' rooms when they were left on their own (Harper, 1996).

Activities

In terms of educational and leisure activities there were many shortcomings which could have easily been overcome. It was noticed that there were many opportunities which a nursing home facility could offer to keep residents busy and feeling fulfilled: theme park picnics, walks, shopping and other facility-sponsored activities and entertainment. These activities were rarely observed in the nursing homes. Even the available activities were geared toward alert and relatively active residents. For example, in Al-taif nursing home there was a party organised for the residents but most of the residents could not attend because it was outdoors and inconvenient (Field note 02-09-02, p. 14).

One of the managers highlighted the lack of activities in the nursing homes:

"Unfortunately we do not have things that we can call activities except some short trips to places. Also, only few people can go on these trips."

This view is consistent with a study of facilities in Wales by Nolan et al. (1995) who indicate that nursing home residents spent approximately 70% of their time engaged in passive activities. Although this study was conducted in a different society from Saudi Arabia, it may indicate that the failure to find things which residents could do is

an issue which worries researchers who are interested in older people. This is because passive activities and inertia can cause problems, such as boredom, loneliness and helplessness which are already reported as common problems for nursing home residents (Slama and Bergman-Evans, 2000). Therefore, there is a need to find ways to make life in long-term care facilities more engaging, by promoting and supporting social interaction and meaningful activities. Some programmes and activities, which can contribute to improving the quality of older people's lives in Saudi nursing homes, will be suggested in Chapter 10.

Personal Care and Privacy

Privacy

It was noted that in both nursing homes it is the custom for the care staff to enter rooms without knocking (Field note 02-09-02, p. 11). This situation cannot be comfortable, as some of the older people revealed. It does not allow people to have privacy. The physical design of an institution is a component of environmental control and so plays a part in helping or hindering the personal independence of residents (Booth, 1985). As was also emphasised by Booth, it is preferable for a minimum number of residents to live in the homes so that its residents can have single bedrooms, with locks on the doors. Without such a 'sanctuary' from group existence and from the surveillance of staff, where residents can receive visitors away from the public gaze and which they may personalise in ways of their own choosing, both privacy and individuality are jeopardised and residents are more likely to succumb to the anonymity, uniformity and inertia of the institutional routine.

Choice

Food in both nursing homes is satisfactory but the problem is that there are no nutritionists. Doctors sometimes act as nutritionists but people should be offered food according to their health needs. Some foods contain fat and because most older people do not move about or take much exercise they gain weight, which can affect their health. Because residents spend such a large portion of their day sitting or lying down, they are at great risk from muscle atrophy and skin breakdown. Mobility exercises should be incorporated into the daily lives of all nursing home residents, not only for those receiving physiotherapy.

Residents are not given a choice of main dishes at the midday meal and this may concern them (see Negative Reactions of Participants to Living in a Nursing Home, Chapter 7). One interpretation is that the officers in charge may think that offering a choice would be futile because residents are unable to make decisions. Or they may think that it is unnecessary because the staff know the residents so well that they can always make provision for individual preferences.

Residents should exercise choice over the time when they took their shower. Normally this time was arranged by the workers in the nursing homes.

Both nursing homes limit the residents to an enclosed section of the garden only and in some cases those who needed help to walk or who used a wheelchair were allowed out only with a member of staff (Field note 02-09-02, pp. 1, 11).

Nursing Homes Management

Managers of Saudi nursing homes have various duties. When one of the managers was asked about his duties he showed the official Ministry of Labour and Social Affairs documents detailing his duties, which include;

“Implementing all resolutions or orders from the Ministry of Labour and Social Affairs to do with older people in Saudi nursing homes; supervision of the nursing homes and making sure that all its social workers and other professionals and staff carry out their responsibilities and try to raise their academic and practical standards; encouraging social workers to undertake social research to identify the reasons for older people’s problems and difficulties and to solve them theoretically and practically.” (Ministry of Labour and Social Affairs, 2000)

The other manager agreed about these duties and added that building relationships with other governmental departments, organisations and with the relatives of residents were also some of his duties;

Communicating with various other governmental departments, social organisations or charitable societies and with older people’s relatives and friends, in order to offer financial and moral support to older people and to resolve their problems and to strengthen relationships with these agencies and people are some of our duties in nursing homes.

He also emphasised that he and other managers in different nursing homes try as much as they can to implement all the duties mentioned in the official Ministry of Labour and Social Affairs documents, which include;

Supervision of the nursing home’s educational programme, through the practical and theoretical training of university students in the field of social work in nursing homes; supervising older people’s religious, cultural and entertainment programmes, during religious festivals and Islamic holidays; supervising older peoples’ health and social awareness programmes, by participating in the social and health lectures and also distributing publications related to older peoples’ relatives and visitors; making a monthly report on the nursing home’s activities and submitting it to other social services

and then the Ministry of Labour and Social Affairs” (Ministry of Labour and Social Affairs, 2000)

When asked about their personal views of the social policy in nursing homes, one of the managers highlighted the religious values underpinning the overall social policy:

“The Saudi society is Muslim so the care of elderly people is based on the teaching of Islam. Care for elderly people has been built on the basis that man is an honoured creation and his place is very much to be respected in Islam. I also think that people in the Muslim community or society should empathise and sympathise as well as support and unite with each other. As I believe elderly people have a significant place or position in Islam...”

The other manager agreed with this, adding,

“the care of elderly people in Saudi Arabia gets its importance from religion. It encourages people to treat elderly people kindly and meet their needs.”

A negative aspect noticed here was that the administration of the nursing homes sometimes gets overloaded with matters which have nothing to do with the residents. For example, it was observed that all the disabled and those who get financial aid from the Ministry of Labour and Social Affairs get paid through the nursing homes. This procedure sometime takes two weeks to complete. As a result, managers and other administrative people become very busy and do not have time for the residents when they need their help. I also noticed that when the lift in the nursing home in Makkah was broken it took a long time for it to be repaired because all the administrative staff were busy (Field notes, 27-07-02, pp. 2, 3).

The Policy of Encouraging Residents to be Reunited with their Families

Nursing home managers are authorised to negotiate with the families, children or relatives of residents whenever they can about the care of their residents. Both managers in these two nursing homes told me that they try from time to time to persuade people who have frail older relatives to keep them at home and take care of them. They offer money to help those who have to look after older people needing special care. For example, if somebody has an older male or female relative to look after and has too little money to provide them with what they need, the nursing homes will negotiate to provide enough money to cover the services or care needed while the older person stays at home with the family. This is a very encouraging principle within the overall social policy in the nursing homes.

However, this task was not always easy for managers and social workers to carry out, since some of the relatives of the residents were not supportive. For example, when one of the managers was asked about difficulties which older people face in the nursing homes, he said:

"Some relatives are impious in their duty toward elderly people and they forget them. Most of them have some relatives but they do not visit or even phone them. Lack of visits has contributed in the instability of their health condition and moods."

The other manager confirmed this and added that some older people get angry when they receive no visits from their relatives or friends;

"Insufficient visits by relatives or friends to elderly people are one of the difficulties they have. They are sometime in bad moods and get angry because they cannot go out. In this case, we try to convince their relatives or friends that they have to visit them or maybe to take them to their homes for a while so that they can feel better."

Social Workers

Every nursing home has two male and two female social workers, a doctor and three female and three male nurses. When one of the social workers was asked why he chose to work in the nursing home, he said:

"I am a university graduate and my degree was in social work. There were jobs available in the Ministry of Labour and Social Affairs, so I applied and was accepted to work in this nursing home."

According to the social workers whom I interviewed, social workers in nursing homes should possess all the necessary expertise and training experience to work in this field. They should also have some knowledge of types of diseases, the social and psychological problems which older people may have and some understanding and knowledge of social, psychological and medical terms in relation to the treatment of these conditions. They should also have adequate knowledge of all rehabilitation issues and laws relating to professional qualifications, social services, social security and affairs, so that they can offer whatever services the older people need.

Duties of Social Workers in Saudi Nursing Homes

The social workers, like the managers, stressed the strong positive link between social, nursing and religious values:

"The social policy for elderly people in Saudi Arabia is built on the teachings of Islam. There are many rights for elderly people in Islam one of which is that of respect for elderly people and help so that they can live a dignified life. Social policy dictates that the state is responsible for taking care of elderly people if they do not have children or family or if their family is poor and cannot take care of them."

Social workers in nursing homes, as the interviewed social workers revealed, are required to take on several duties and responsibilities. One of the interviewed social workers said:

"We as social workers in nursing homes should liaise with managers about the policies adopted and procedures to be observed in performing the tasks set out for social workers in the nursing home. We should also liaise with managers about the objectives and goals of social work in the nursing home and about all the requirements of the budget, appliances and equipment. We should report to the manager all the activities undertaken by us and any difficulties or needs experienced. In adhering to the nursing home policies, procedures and communication systems, we have a duty to safeguard older people's rights, as well as to safeguard the confidentiality of any information they may obtain relating to older people and the nursing home. We co-operate with other staff to achieve the nursing home's objectives, to maintain close and harmonious relationships with the staff and to strengthen the relationship between the nursing home and local community. And we participate in the work of all the committees formed by the nursing home and also participate in projects undertaken by the nursing home to achieve specific objectives."

When asked about the services which they provide to older people in nursing homes, he added:

"We interview older people referred by hospitals or other organisations to determine the kind of assistance needed. We communicate with older people's families or relatives to obtain as much co-operation as possible, as well as helping new older people in the nursing home to adapt to the new situation. We inform families or relatives of the death of older people and help them to complete their procedures at the nursing homes or hospital and note down the psychological situation when the families or relatives are informed. We assist with arrangements for the washing, wrapping and burying of dead patients without families. We prepare and keep professional records about every older person in the nursing home, including the older people's location when admitted to the nursing home, the aid granted to them and other information, as well as safeguarding the confidentiality of these records and information. We undertake daily visits to all older people in the nursing home, enquiring about the problems they face, acting to resolve them quickly and recording them in the daily visit register. We hold cultural, social, health and religious seminars for older people. We also write monthly reports on the social services offered to older people and on the nursing home's activities and refer these to the manager of the nursing home."

Another social worker summed up his duties especially towards the residents into two points, that is, striving for older people's comfort and resolving their difficulties, as well as helping them to cope with their health or psychological difficulties. He maintained that his duty is to:

"help residents to overcome their difficulties, whether health or psychological, and in the meantime guide and instruct them. In other words, this duty can be summed up as providing older people with high quality services from social and psychological points of view."

He adds that one of his duties is to pay residents daily visits to identify the problems they may be having. He visits all the residents for this purpose. He also referred to the provision of financial, social and other services as the key element in the social worker's duties. Interestingly, he referred to social workers as the link between the medical team and the residents. This view corresponds with that reported by Moore (1995) who states that social workers can serve as liaison between medical staff and residents, providing specific mental health referrals or other community resources (Moore, 1995). This also accords with Horne's (1987) assertion that social work fundamentally performs a mediating role in society, engaged through its knowledge of the subject, of which its values are the focal point, in the recognition of social potential (Horne, 1987). Van der Laan (1998) also maintains that social work, in a certain sense, mediates between the client and society (Van Der Laan, 1998). He adds that a social worker concludes an agreement with the client in which it is stipulated that the client will be helped to utilise the opportunities for development offered to him or her by society.

Having all these duties or responsibilities does not mean that the managers and social workers have to do all of them every day. If they have to do many of these duties in

the same day, which is rare, they of course complain and feel uncomfortable. It was observed that social workers were asked to perform other jobs in addition to their work, such as administrative jobs. This may jeopardise the efficient performance of their essential work, because it takes up their time and effort with jobs which others could do. One social worker interviewee confirmed and corroborated this view, indicating that he is sometimes asked to do things which have no relation to social work,

"I cannot say no when I am asked to do some administrative work. However, I feel unhappy when I do it. I have a good relationship with the manager and feel that it is impolite to say it is not my job when he asks me to help."

Supervision of Workers

As mentioned above, in both nursing homes it was noted that every room was shared by three or four men. In each nursing home there were two workers assigned to each room to help the residents to dress, shower, prepare for bed; these workers also took them to the mosques on Fridays and other daily activities. The people who work in nursing homes as supervisors must ensure that the other workers serve and take care of the residents twenty-four hours a day. The positive thing noticed about the supervisors was their ability at times to do the job of social workers when there are too few of the latter to go round. Most of them have only a diploma or even a high school certificate but they learn through experience how to deal with older people. I was surprised when the name of one young man who supervised workers was mentioned by the older male respondents more than those of the managers or social workers. However, some negative things were observed as well. For example, some of these staff members occasionally made negative comments about old age in general, saying that working with older people made no notable contribution to

society comparable to working with children and young people, which they claimed to be more rewarding and important. They simply did not appear to be suited to the kind of job that they were doing and they were looking for ways to change to a job which would suit them better.

Relationships of Staff and Male Residents

Interactions observed between the staff and the residents at the two nursing homes were generally warm, caring and apparently unhurried. Certainly some older men at these nursing homes sometimes expressed their awareness of the pressures on staff, but they were mainly positive in their accounts of the way they were treated (see also the reaction of older men to nursing homes, Chapter 7). One of the social workers described the relationships between the old men and the staff as kind, reciprocal relationships. He thinks that treating older people kindly is one of his religious duties:

“Working with elderly people is good experience for me. It helps me to know a lot about elderly people and their needs. I also see my work with these people as religious work. I believe that treating elderly people kindly and trying to know their needs and to meet them are very good deeds. I believe that I will be rewarded by Allah if I help them. I believe too that when I try to be patient and assist elderly people, I obey Allah and his Messenger because we are encouraged to be kind and respect elderly people.”

The other social worker said:

“People who work in nursing homes realise and understand the feelings of the people here, so they prepare themselves to do their best to make the older people comfortable. All of us work to achieve one goal which is the satisfaction of older people.”

One of the managers confirmed this and added that he always sees the signs of satisfaction in the older men:

"I have not been in this work for long but what I have noticed in this short period of time is that elderly people appreciate the services and everything. I see the signs of satisfaction whenever I meet with them. Therefore I visit them in their places every day. It is interesting work."

Conclusion

This chapter provided the findings of the study concerning the general characteristics of the two nursing homes where the fieldwork took place and the interaction between residents and the wider community. The daily routine, activities and the duties of the managers, social workers and supervisors in the nursing homes are also explored. The data used in this chapter are based on observations and interviews with managers and social workers. The findings suggest that the social atmosphere and the structure of the daily routine in the nursing home reflect the presence of religious values. Both managers and social workers stressed the importance of religion in the management of the nursing homes and indicated the impact of religion in the social policy. However, with regard to their physical structure, the nursing homes displayed many shortcomings, such as crowded rooms and lack of ways to help the older men to be more mobile. There was also a lack of social activities.

The next chapter presents the analysis of data concerning the participants' life experiences and the role of religion before their admission to a nursing home, with their reactions to social change and their transition to the nursing home.

CHAPTER SEVEN

Data Analysis:

Life before Entering the Nursing Homes

Introduction

This is the first of two chapters which present an analysis of data gathered through the Lightly-Structured Depth interviews, the main method of data collection. Individually tape-recorded interviews were first translated and transcribed. Following this, the data were *thematically* coded and analysed. The presentation of the data analysis was guided by the themes identified while exploring the data. Eighteen older men in two selected nursing homes in Saudi Arabia participated in the study and shared their biographical narratives, with special reference to the role of religious experience in their lives. In addition to the interviews with older people, other sources of data were used, such as observations, interviews with managers and social workers and fieldwork notes (for further details see Chapter 5). Field notes were used to present the data in more depth. In a sense, they were auxiliary instruments to illuminate the research context and inform the data analysis.

This chapter will explore participants' socio-economic and educational background, the reason(s) behind their admission to the nursing homes, their reaction to living in the nursing homes and the role of religion from their childhood until the point when they entered the nursing home. See Tables 7.1 and 7.2 for a summary of the respondents' characteristics.

Table7.1. Summary of the participants' characteristics

N	Name (pseudonym)	Education	Occupation	AGE	FAMILY BACKGROUND	TOWN OR VILLAGE	Health Status
1	Abdullah	Illiterate	Public servant	85	Has never been married	Al-Riyadh City	Diabetic and recently became blind
2	Bilal	Year seven	Lorry driver	78	Married twice, now divorced	Makkah City	Reasonable
3	Borhan	Reads and writes	Tailor	70	Has never been married	Al-tiaf City	Paralysed
4	Esa	Illiterate	Ironsmith	75	Divorced with two sons	Jeddah City	Physically not well (almost disabled)
5	Farah	Year six	Fisherman	100	Divorced, was orphaned	Jeddah City	Reasonable
6	Hadad	Reads and writes	Worked on the staff of the Holy Mosque (in charge of taking care of the copies of the Holy Qur'an)	75	Has never been married	Makkah City	Poor in general
7	Ibraheem	Illiterate	Selling cleaning sticks	78	Widower, has a son	A village Near to Al-tiaf	Reasonable
8	Jameel	Reads and writes	Shepherd Homeless	80	Has never been married	A village	Has a problem with his stomach; his hearing is not good
9	Janoby	Reads and writes	Worked in the Army	91	Widower His daughter and two sons died some time ago	Al-tiaf City	Not very good (he says that he suffered from different health problems)
10	Kasim	Basic literacy	Farmer	90	Has never been married	Medina City	Reasonable, he had a psychological problem
11	Khair	Year three	Taxi driver	75	Widower	Makkah City	Became blind two years ago, diabetic
12	Mohammad	Year four	Taxi driver Domestic servant when he was a child	74	Married four times, now divorced	Makkah City	Diabetic and suffers from anxiety
13	Mustafa	Year six	Mechanic	80	Has never been married	Makkah City	Diabetic, uses a wheelchair
14	Nemer	Illiterate	Lorry driver	60	Married, with three sons and one daughter	Abha City	Paralysed
15	Saud	Illiterate	Coach driver Homeless	80	Divorced after a second marriage	Wady Aldwaser	Disabled as result of a road accident
16	Sayid	Year Eleven	Patrolman	67	Was orphaned, has never been married	Makkah City	Reasonable
17	Tiab	Illiterate	Operator	65	Widower, with a daughter and a son	Al-tiaf City	Uses a wheelchair, suffers from depression
18	Waseem	Illiterate	Farmer	90	Widower	A village near Al-tiaf	Has a hearing problem and poor sight

Topics and Themes in General

In their critical study about British research on institutionalisation, Baldwin et al. emphasise that there is a need to consider a range of features and factors which an older person brings to a care situation. They suggest some biographical data which might be significant. In some cases, these biographical data are highly individualised, reflecting personal characteristics shaped over a lifetime; some of them are generational. In others, it may be significant to look at information on the circumstances surrounding the shift to being cared for (Baldwin et al., 1993). Fortunately almost all these specific factors have been provided by the participants in my research in this chapter.

In the first stage of the interview, participants were asked to reflect on their lives in general and on things that were important in their lives. In this context, they were invited to talk freely about their life stories. General topics and themes, which constructed the content of this initial narrative, included childhood and youth experiences, family life, educational and professional backgrounds, their perception of the cultural changes which have taken place during their lifetime, their own personal values and their contribution to society and, lastly, how they found themselves in the nursing home.

The analysis of the first session of the interviews revealed that nearly all the participants came from working class and/or poor family backgrounds. It should be stressed that Saudi Arabia during the 1940s and 1950s, the period in which these participants were young or growing up, was a tribal society and did not have the sort of economic structure which is usually found in industrialised societies. The Saudi

population, at the beginning of the twentieth century, could be considered, with some exceptions, to have formed less structured economic units or classes than many others. In Saudi Arabia at this time there was virtually no upper class and only a small proportion of merchants; only the 'ulama in the towns of Ḥijaz and Najd could be described as 'middle class'. The great majority of Arabians – townspeople as well as the rural nomads and agriculturists – lived at or near subsistence level (Mordechai, 1993), in whatever part of the country they lived. Therefore, the term working class cannot be applied to describe the economic and social status of the participants. On the whole, during these years the whole country could be described as economically poor, as the wealth of oil was not yet available. In addition, all the participants in this research belonged to either families or tribes. Because the Ḥijaz region of Saudi Arabia has religiously significant cities, namely Makkah and Madina, it has always attracted Muslims from all over the world. As a result, non-Arab ethnic communities have settled in this region and are still there. Obviously they are now absorbed into the mainstream of Saudi Arabian society but they are still recognisable by their family names. Participants in this study were selected from two nursing homes in the Ḥijaz region; predictably, therefore, some were of non-Arab ethnicity. Three of the families from which they came originated in Nigeria, Indonesia and China. However, poor conditions affected the population in general until the discovery of oil.

Despite the harsh economic conditions and economic deprivation, the participants described the cultural life and human relations during their childhood, youth and adulthood in quite positive terms. For them the past represented trust in people, feelings of being taken care of, happiness, co-operation and help between people, and, overall, being socially and psychologically satisfied with life. Most of the participants

attributed the better cultural life of their past to society's more serious adherence to religious values and the strength of traditional Arabic and Islamic cultural values. However, the participants themselves at this stage in their lives were not religious. On the contrary, it appears that most of them did not adhere strictly to religious practices during their childhood and youth. However, because religion was the core of the cultural life in which they grew up, religion also formed their core values and orientation in life so that they maintained their religious beliefs, whilst not being engaged in regular religious practices.

Living Conditions

In his opening remarks, Mustafa, aged 80, mentioned most of the above topics and first talked about the poor material conditions of his childhood and youth. Despite the harsh economic reality he said that he had been satisfied with his job, because it made a valuable contribution to society:

"...I sold sandwiches and worked in the Arabic Company in Makkah as a mechanic. I used to repair the engines of cars and their transmissions. I loved that work very much because I felt that I was doing a good thing. All the drivers knew me and trusted me. If somebody had a serious problem with his car they would wait for me if I were busy. They knew that I was the best mechanic in that company. Money was poor and it was hard to earn. I used to get only four Riyals a day; however, that was not too bad during those times because everything was cheap in return."

Similarly, Farah, nearly 100 years old, who originally came from outside Makkah, in reflecting on his early childhood and youth, mentioned the difficult living conditions at that time and yet he described his early life generally in positive terms. Farah grew up as an adopted child. He spent his early childhood in Makkah and later moved to the neighbouring coastal city of Jeddah where he worked as a fisherman. Jeddah, which was and still is the biggest city in the region, was a fairly important commercial city. Most of the pilgrims at this time used to travel by sea to the Holy cities of

Makkah and Medina in their required pilgrimage. Farah enjoyed seeing different people coming from different parts of the world. Above all, he said that people were very kind, supportive and friendly, which made life less difficult to deal with:

"I moved to Jeddah because it was a good city and there was more of a chance of finding work there than in any other city. It was hard for me at the beginning because I had no experience at anything. This lack of experience cost me a lot because I was confused about which profession would be the most suitable. Every day I had a different experience and different situation, some were good and some were bad and difficult. Finally, I found myself working as a fisherman and I loved it. It was a very interesting job for people like me to work in, especially during Hajj time. People used to come to the Hajj by ship and I enjoyed seeing the different people who came from different countries. It was a wonderful scene. I was a fisherman and loved working at sea. Although the money was not much, life was good and people were very kind to each other and were also very supportive of each other. I was happy in this profession."

As mentioned earlier, two research sites in the Hijaz area were selected because of its religious significance; this area has traditionally attracted Muslim people from different parts of the world. Three of the participants in the study sample mentioned their non-Arabic origin. Two were born outside Saudi Arabia and came with their parents to perform the duty of pilgrimage but with the intention of settling there. As can be seen, the main reason behind their immigration was religious, because the country was not economically rich.

Belal, aged 78, in reflecting on his childhood, said that as a small child he had come to the region with his parents. He pointed out that the main reason behind his immigration to the region was its religious significance:

"...There were many people from different poor countries who used to try very hard to get into Saudi Arabia, although this country was not rich at that time."

70 year-old Borhan explained in more vivid detail the religious motives behind the immigration to the region:

"I originally came from China. I came to this country with my father fifty years ago. After my mother died my father decided to come here to perform the Hajj (pilgrimage to Makkah) and spend the rest of our lives near to the Holy places (Makkah and Medina). My father was very religious. He spent many years collecting money and preparing to make the Hajj. He brought me with him and after performing the Hajj he told me that he would open a shop and do as he used to do in our country. His profession was a tailor of kaffieh (Canton flannel used by some people to cover their heads). He knew that people in Saudi Arabia use kaffieh and thought that it would be a good income for us. He taught me how to do well in this profession."

Educational Opportunities

The interviews revealed that most of the participants, possibly due to the difficult economic conditions, had not had an adequate education. Even those who had some educational experience had not gone beyond the primary level.

Jameel, aged 80, attributed his lack of a proper education to the poor economic conditions in his childhood:

"Life was totally different from now. Few people were rich; the majority of people were poor. In my village most people were either shepherds or farmers but because my family was very poor we did not have a farm, so the only work that was available for me was pasturage. I did not have any skills or ability to get a better job because I did not go to school or learn another trade. Education was not like now. There were no schools. The rich people used to send their children to the cities to get a better education."

Some of the participants attended the free religious classes offered in mosques or by religious scholars in order to be able to read the Qur'an, the Holy Book of Islam. They received basic religious instruction, particularly lectures from religious scholars in Makkah, which most of the participants had visited often in the past. The different

aspects of Islam were, and still are, open to all who wish to learn. Some of the participants benefited from this voluntary educational service. For example, for 80-year-old Khair, attending these classes constituted an important part of his education:

"When I was young I studied something about the Šari'a (Islamic Law) but I did not find the time to educate myself more. I used to go to H̄aram (the most sacred site in Islam which is located in Makkah) and listen to teachers who taught people for free. I also studied the Qur'an. I can read and write now. The teachers in H̄aram used to teach us how to pray."

Waseem, aged 90, also mentioned that because of the surrounding poverty, free mosque-based education was the only option for obtaining both the basic religious instructions necessary to perform Islamic duties and also a knowledge of reading and writing.

"... Education was not like now. There were no schools. The only way to learn was to go to the Mosques so that you could learn how to read and write. I did not study but I know what I need in my religion."

Despite the limited opportunities for formal education, some of the participants, mainly by their own personal efforts and interest, appear to have obtained a fairly high level of education. Due to their desire for knowledge, they educated themselves in all possible ways, increasing their knowledge and understanding in different fields. Reading different newspapers, listening to the radio and watching TV were listed among the sources for their self-education. As can be seen, the motive behind this education was not to get a degree or to be trained in a profession but a deep desire to increase knowledge. For example, Abdullah, aged 80, who never married and later went blind, described himself as a self-educated man:

"I went to school until year six but I consider myself a well-educated person. I also used to watch TV but since I became blind I have depended on the radio to get the news. I am very careful to learn as much as I can about what is going on in this world. I know many

knowledgeable people such as poets and writers who contributed in educating people and have enriched the literary and historic fields. Some of them have published books about the history of the Arabs and the holy places, such as the history of Makkah which was written by Alsbaai (a famous modern Saudi historian). Some of them were interested in literature and poetry, such as Algorashi (a well-known Saudi Arabian poet and literary man) and Zamaishary (another famous contemporary Saudi Arabian poet)."

Abdullah, apart from his interest in poetry and literature, also developed a curiosity about national and international politics:

"I was very interested in politics and would read everything about it. I used to read the most famous newspapers and before I went blind, I used to read Alnadwah and Aukaz (two Saudi newspapers). Even now I cannot get to sleep before I have listened to the radio and know what is going on in the world. I know some people from your tribe such as Shaker ben Hazza and others (meaning the interviewer's tribe). I have the radio as you can see and listen to the Voice of America and London too. I heard about the Aljazirah Channel (possibly the first liberal TV channel in the Arabic countries, usually referred to as the CNN of the Arab world) and some people like to watch the news and other programmes through it. I like MBC and before I came to the nursing home I used to listen to the news through it."

Abdullah was keen to show me his knowledge of world history. When he learned that I was completing my degree in a British University he mentioned that he used to listen to the Arabic news which was broadcast by the BBC World Service Arabic section:

"... So you study in Britain. This country was an empire. It was said that this country had no sunset because it was a very big empire. Britain colonised even the United States, which is the most powerful country these days."

78 year-old Ibraheem, although he did not have a chance to go to school in his youth, tried to teach himself to read and write and to gain basic religious knowledge:

"...I have not gone to school but I believed that I had to learn. I devoted some of my time learning how to read the Qur'an and

learning the meaning of its verses. I also went to some people who did private teaching and learned from them. I can now read and write. I also read something about the traditions of the Prophet. I sometimes watch TV... ”

Mohammad, who is 74 years old, did not go to school during his childhood. He was keen to educate himself and attended special evening classes designed for adult education. He attended evening school for years, during which he learnt reading and writing, together with the study of religious texts. He mentioned that he was trying very hard and wanted to learn from different sources and not depend on school only. He made an agreement with a classmate who had done well at school to give him private lessons; in return he would teach his friend to drive. In the end Mohammad and his classmate both achieved their goal:

“...I was living in Jeddah and used to work in a company from the morning until 3.00 p.m., so I did not have time to study in the mornings, therefore, I used to go and study in the evenings. There was a very good person who used to study with me. My relationship with him developed and we became like brothers. He did not know how to drive a car at that time and asked me to teach him. I found this a very good chance to make a deal with him because he was very smart and could learn very fast. He was better than me in school; he came from a good background. I asked him to come and live with me in my house so we could be close to each other and teach each other. I promised to teach him how to drive but he had to teach me how to read and write in return. He accepted the deal and we started learning from each other. I cannot forget that person. He was very kind and patient with me. He had a gift for learning and explaining things. After one year, each of us achieved his goal and was very satisfied. We both learned. I learned to read and write and he was able to drive a car. After two years my friend told me that the company in which he was working would move to Al-Riyadh City and he had to go there. It was amazing because he drove there in his own car.”

Four participants in the study sample were illiterate. They mentioned that not knowing how to read and write was not a good thing, but they were still getting on with their lives. However, they regretted that they could not read the Holy Qur'an;

they had only memorised the few short verses necessary for reciting the daily prayers.

Belal commented:

"I wish I could read so that I could read the Qu'ran and other religious books. It was a very big mistake that I did not go to school during my childhood and even when I was young."

Belal added that although he could not read, he listened to the Qur'anic recitations and performed the daily obligatory prayers in Islam (Ṣalah).

"I cannot read but I listen to the Qur'an on the radio, but the thing that I do more frequently is pray. I pray every night before I go to bed. I sometimes pray while I am sitting if I cannot stand up."

Participants' Family Background

While reflecting on their early life experiences, the participants talked about their family backgrounds. As mentioned earlier, nearly all the participants came from economically poor family backgrounds. The actual family characteristics of the participants varied. Some were brought up by single parents, while others were adopted or grew up as orphans. Most of them had brothers and sisters; some were the eldest child in the family. However, some of the participants grew up with no siblings. Being the eldest or only child in the family was one of the main reasons for some of the participants to have started working at an early age. For example, Khair said that he and his sister were raised by their mother alone; therefore, he also had to begin work early for the sake of his family:

"I spent most of my life with my mother. My mother, my sister and I used to live together in the same house and I used to take care of them because I was the only one in the family who was working."

Farah lost his parents at a very early age and grew up as an adopted child:

"...I was orphaned as a child and was raised in Mohamed Raheel's (pseudonym) house. This man was younger than you are when he took me in to take care of me. His family was a big one and all of them treated me well."

67 year-old Sayyid also mentioned that he was orphaned at a fairly early age:

"...I have suffered in this life since I was born. My father died when I was eight days old and my mother died when I was ten years old."

Similarly, Ibraheem lost both of his parents and was raised by his relatives. He mentioned the difficulties involved in growing up as an orphan but stressed that he had been helped by God:

"... I was orphaned and suffered from different things throughout my life. My parents died when I was a child but my relatives took care of me. My relatives used to have good relationships with each other and had mercy on orphans. Allah saved me from a lot of trouble when I was a child because as you know even if you have some people to try and take care of you, they will not be like parents."

All the participants mentioned that their families (whether adopted or single-parent) based their lives on traditional Islamic religious values. For example, Saud, an 80-year-old, stated that a strong religious upbringing could be taken as signifying the religiously based traditional family life of the 1940s and 1950s:

"...My father was very religious and used to encourage us to pray (obligatory prayers which are performed five times in a day in Islam). He used to order me to pray and go to mosques."

On the whole, the analysis of the interviews revealed that all participants had an upbringing with a strong religious basis. Most from an early age attended the religious classes offered in the mosques, memorised a few verses from the Qur'an and were encouraged by their parents to perform the five daily obligatory prayers of Islam. In addition, they were taught Islam's traditional social and family values, such

as respect and care for parents and older people, and they were expected to observe them. For example, Mustafa stated that he looked after his mother in old age following the Islamic teaching which requires believers to look after their parents:

"...I had one brother and one sister. Both of them died during my mother's lifetime and I became the only one who could take care of her. She was so weak that she could not feed herself; therefore, I used to cook and feed her every day. I was very happy and I still feel happy when I remember what I did for my mother. You know the place of mothers in religion. It is very high and mothers can help their children to get into paradise if they have been kind to them."

Participants' Marital Status

The experiences of participants in marriage were varied. While some never married (7 participants) some had a family life and had raised children. However, not all had successful marriages, as some were divorced (5 participants). There were some cases of re-marriage and some were widowed (5 participants). On the whole, most did not appear to have had stable married lives. Obviously at the time when they moved into the nursing home they were not living with their family. Only one participant was still married and had children, but because of his state of health he preferred to stay in the nursing home where he could benefit from the caring facilities. Mustafa never married and had lived with his relatives:

"My closest relatives now are my cousin and her children. She is like a sister to me and her family are the only people I still have a relationship with. I have never been married but I consider the children of my cousin as my children. We used to live together, my cousin, her children and my mother, all in the same house because they were orphans. I raised them and took care of them when they were small."

However, some of the participants expressed their feeling of regret at not having married and, in particular, not having children. The reason they gave for not getting

married was that they could not afford the high cost of doing so. For example, Jameel stated :

"...No one can help you but your children. I have never been married and this is the thing I regret most. I could not make enough money to enable me to get married and, as you may hear, people in my village ask for a lot of money from those who want to marry their daughters."

Although the main reason in many cases for not being able to get married was the widespread poverty, some attributed it to the will of God. For example, although Abdullah mentioned economic reasons, his overall interpretation of not being married was that he believed it was God's will:

"...Anyway, I have never been married. Allah did not will that. I did not have a chance to experience marriage for two reasons. One is because I was a minor public servant and did not have a good enough income to allow me to get married and take care of a family. Money was short; therefore, not everyone could afford to get married. The other reason was that I have diabetes. I have had it since I was young. It affected my body very badly."

As mentioned above, only one of the participants was still married and the rest were either widowed or divorced. For example, Khair had married, but after the death of his wife he never remarried:

"I got married to a woman but she died two years after our marriage. This event and the death of my mother were the most difficult experiences in my life. It was the hardest time for me."

Esa, aged 75, married quite late in life and had children, but the marriage failed. Esa, following Islamic principles, decided to peacefully separate from his wife when he came into conflict with her:

"...Anyway, I got married late and had two children; they are fifteen and thirteen years old. They live with their mother in Jeddah. Their

mother and I are separated but they visit me here from time to time. I feel very hurt when I do not see my children. I am sure they love me but sometimes circumstances do not allow them to come to visit me from Jeddah. Their mother, in fact, was not nice and caused me a lot of trouble so I decided to separate. You know in Islam if your wife is not good you should be patient or divorce her without making any problem for her. Allah said 'but consort with them in kindness.' We could not get along with each other and we talked about a divorce without going to court or anything."

There was one participant, Mohammad, who had married four times, but his marriages were not successful, which he attributed to his unstable moods and unstable mental life:

"I got married four times but none of them stayed with me because of my unstable moods. Two of them were from Yemen and the other two were Saudis. I was treating them very badly; they could not stand that kind of behaviour, so they left. One of them said that I was crazy. It was true. I really was very crazy."

Participants' Reasons for Going to a Nursing Home

In Saudi Arabian nursing homes, facilities for older people are generally well known within the wider society. However, staying in a nursing home is not a socially desirable option, for society deems it ideal for everyone to be looked after by his/her family. This is based on society's cultural and religious values (see Chapter One). However, there are some sections of society who live on the margins; they have no other option than to resort to this comparatively modern system of social care in their country.

Analysis of the interviews revealed some commonly expressed reasons behind the decision of the participants to go into a nursing home. For example, illness and not having family/children to look after them, being homeless, being referred by hospitals and severe physical disability are some of the main reasons for the decision.

Sickness and Not Having Family/Children

Mustafa explained that after he lost his mother he had no one to take care of him and he began to suffer from loneliness and depression. Worst of all, he developed diabetes, which left him unable to walk. After this illness Mustafa decided that he could not live on his own and he did not want to be a burden on his relatives. As a result, he asked his cousin's son to take him to his local nursing home:

“When my mother died my cousin moved with her children to another house and her children grew up and got jobs. It was a very hard time for me when I lost my mother and I became very ill. I suffered from loneliness and depression. This caused me to have a lot of health problems, which made me very weak. I am a diabetic and cannot walk – as you can see, I use a wheelchair. Everybody was busy; they all had problems of their own so I asked one of my cousin's children to take me to the nursing home. I just felt that it would be very hard for them to take care of me. You know, nowadays, people do not care as much about their relatives as before. I cannot blame my relatives and I am not angry with them. It is enough for me to have visits from them.”

Similarly, Khair is suffering from a long-term illness and had to stay with his nephew for a while but he did not want to be burden to any of his relatives and was convinced that the best option for him was to stay in a nursing home:

“In fact, after my case (his long-term illness) got worse, my nephew talked with me and told me about the nursing home and the services that were provided in it. I also understood that he was very busy and could not take care of me. He explained to me everything about the nursing homes and focused on the advantages of living in a nursing home. I felt that he wanted me to accept going to a nursing home. I felt also that living with him had become very difficult, so I was persuaded to come here. Although I have a close relationship with my nephew, he is not my son and is not responsible – though according to Islamic law he is – for taking care of me. Therefore, I asked him to start completing the necessary papers for me to live in the nursing home. I did all that the nursing home asked me to do and after two weeks I was admitted to live here.”

Referred by Hospitals

Kasim is a 90-year-old who never married; he suffers from psychological and physical illnesses. He spent a considerable time in a mental hospital and was subsequently referred to the nursing home. Once his mental condition was stable enough, Kasim was referred to the nursing home:

“I was in Jeddah and got sick and then went to a hospital. I had a psychological problem which caused me to stay some months in the mental health hospital. After my case was stable I was referred to the nursing home because I was old and did not have any family or relatives.”

Homelessness

Three of the participants were admitted to the nursing homes due to being homeless. For example, Saud, who was divorced quite early in his life, lost his job at an age when he could get no further work. He had no source of income or pension, which left him living on the streets. He was spotted by a passer-by who became interested in helping him and helped him to move to a nursing home:

“When I lost everything and felt I could not do anything, I ended up living in a place near a coffee house. Finally, I did not have any place to live and spent more than two years on the street. Some people came and talked to me. Other people gave me money sometimes. I continued this way until a man came to me and asked why I was living in the street. I told him that I did not have any place to live or any work to earn money from. He sent a report to one of the newspapers and after almost a month he came to me again and told me that there was a good place to live, which had everything I needed, such as healthcare and food. He said that this place had people that could provide older people with everything they needed. Anyhow, I went with him and he brought me to the nursing home, which was in Alnozha Street before it moved to where it is now.”

There were two more participants who were admitted to the nursing homes by the police as a result of being homeless. For example, Jameel, aged 80, because he did

not have a family or a secure job, had to live on the streets and beg until the police referred him to the nursing home:

"...I did not have a house or any other resource, so if I had wanted to rent a house I would not have had the money to buy food. In addition, I became very ill and could not even cook for myself. It is shameful to say this, but this is what happened, I started begging because I did not have enough money, but as you know, doing this is against the law. For more than two years I begged until I was finally caught by the police and referred to the nursing home."

Reactions of Participants to Living in a Nursing Home

The reactions of participants to living in the nursing homes were found to be varied. While some were exhibiting positive reactions, such as being comfortable and pleased about living in the nursing home, others had very negative reactions; for them it was an upsetting and miserable experience. However, most of the participants were neither happy nor miserable about it but accepted the fact of living in a nursing home and were content with it.

Very Positive Reactions to Living in a Nursing Home

If we look at the reasons for the decision of the participants who expressed positive reactions to living in nursing home, we can see that nearly all have suffered in their lives through, for example, being unemployed, homeless and/or ill. For them, having a secure place to stay, to be looked after, was more than enough to make them happy with the conditions in the nursing home. For example, Waseem had no family, suffered from hearing and visual impairments and felt that he was lucky to stay and be looked after in the nursing home:

"I got very old and have seeing and hearing problems, so living here is good for me because I do not need to be worried about food or medication. Everything I need is available. I feel comfortable in this nursing home, thank Allah, and my nephew visits me occasionally... Everything is okay in this nursing home. Food is good, except sometimes they bring us food that is not good."

Similarly Jameel, who spent the last three years of his life begging and living on the streets, had very positive reactions to staying in the nursing home:

"Here I do not have to do anything except follow the rule of Allah and worship Him.... We have people who serve us and bring food to us in our beds and we also have a doctor who checks on us three times a week and gives us the medication we need. I thank Allah for this grace. I was in pain and had a problem with my right eye before I came here. We have people in this nursing home who serve us and they bring us new clothes from time to time. Every two days they change our clothes and clean our rooms."

Sayyid said that he was treated well and was comfortable in the nursing home:

"I am okay in this nursing home ... I am treated well by the manager and social workers as well as by the workers. All the staff here try to do their best to help us and make us feel comfortable, may Allah be pleased with them I thank the government for providing us with this service. We live, eat and have clean clothes without paying anything. Everything is free in this nursing home."

Negative Reactions to Living in a Nursing Home

Participants who had negative attitudes and reactions to living in a nursing home described it in terms of a prison; they felt restricted, uncomfortable and unhappy. For example, Belal said that:

"Now, I have sadness and sorrow all the time in this place. I feel as if I am in prison, especially when my nephew does not come to visit or pick me up to take me out somewhere. What makes it worse is that this nursing home does not care enough about different people's preferences. I, for example, do not like to eat rice but they bring it to me every day. In this case I have two choices, either to suffer from hunger or to eat the rice. I often leave it when they bring it to me."

Khair wished profoundly that he could leave the nursing home, for he felt like a stranger there:

"I just feel that I am a stranger, especially when I wake up during the

early hours of the morning ... I am so upset here. I wish I were healthy or at least knew how to get out of this place. If I could, I would not stay here one more hour."

Farah pointed out that there were no indoor or outdoor activities in the nursing home to keep the residents busy. As a result he felt bored and unhappy:

"We have almost nothing to do. In the morning we go out and sit for a time drinking a cup of tea. I am a patient man because I know that what is left of my age is less than what has already gone... Here it is like a prison. The most difficult thing here is that I feel I am waiting for death to come. Here people cannot do what they want. We cannot even have the food we like or want. In short, I do not feel free. If I were living in my own house, I would be happy even if I did not have enough food. Moving to the nursing home means that the next step will be death. It is very hard."

Moderate Feeling about Living in Nursing Homes

As mentioned above, most of the participants were neither happy nor miserable about it but accepted the fact of living in a nursing home and were content with it. These participants acknowledged that such a life was not as bad as some people believed and they came to what they saw as a realistic assessment of it by being content with living there. For example, Nemer, aged 65, had a positive reaction to living in a nursing home and thought that it was better than some people supposed:

"Life here is okay, we eat, sleep and take medication. That is the routine in this place. People outside may think that life here is miserable but the reality is that life here is not as bad as many people think. You may sometimes think that you are isolated but people are waited on and provided with lots of things. On the other hand, human beings have the ability to adjust to different environments and situations. I have noticed many people who came to this nursing home after me, all of them were very sad and kept complaining about different things but they gradually adjusted to life here and started communicating with other people. This nursing home used to have some activities. For example, many times they took us to places and we had some good times. It is important to have a change of environment. My relationship with people here is very good. I speak to everyone and treat people with respect and politeness and they do the same thing to me in return."

Abdullah said that the reason behind his being satisfied and content with living in the nursing home was the fact that the nursing home provided professional medical help, which older people such as himself needed most:

“What I want to say is that life here is not bad. Although my health is not good I have people who serve and look after me. We also have a doctor who comes from time to time and gives us the medication we need.”

Ibraheem said that he was content with living in the nursing home because there was more time and opportunity to fulfil his religious requirements and learn about religion:

“Life in the nursing home is not bad for people like me, because I do not have to think or do anything but worship Allah. I realise that I am living the last part of my life, I understand that. However, it is a good chance for me to practise my religion.”

Esa, although he described life in the nursing homes as not being in any way brilliant or exciting, seemed quite content with it, as it was the best possible option for people who were in a difficult situation, for example, being ill or disabled, like himself.

Moreover, he was modest in his expectations of the nursing home:

“I believe that my situation now in this nursing home is better because as you can see I am very ill and almost disabled. I have been in this place for seven years and my age is seventy-five. When I came here, to be honest with you, I felt comfortable because I did not have to think how to get money or how take care of myself any more. As you can see, here I eat and drink and I am still alive. I did not expect too much when I came here, although the food is not good.”

Attitudes Toward Cultural Change

The analysis of the participants' discourse on cultural change exhibited a general perception which can be summarised as follows: the past, in particular life during

their childhood and youth, was described as difficult and underprivileged in terms of resources. At the same time, the past, compared to the present, was interpreted positively in terms of the social cohesion of society, the serious attitude to religious and cultural values and the way in which people cared for and supported each other. On the whole, they acknowledged that life nowadays has become easy and prosperous for the younger generation. But the consequences of this economic improvement were seen in a negative way by the participants, for they felt that people have become more greedy and individualistic and less interested in embodying social, religious and cultural values in their lives. For example, Saud said:

“Life was very simple. After sunset when it was dark, people went to bed. There was no electricity so people used lanterns or oil lamps. Although people did not have money like now, life was better; people used to ask about each other; they used to have compassion towards each other. Now the majority of children who are well educated do not ask about their parents and there are only a few exceptions. Nowadays, we see rich people who think only of money. They do not pray or go to Mosques. People only think about how to acquire money. If you ask some people after Friday prayer to tell you what the speaker said or what the topic was, I believe that very few will remember or tell you the right answer. Most people think of this life and forget about their God.”

In addition, Saud emphasised that:

“... Although most people were poor, life was good and much better than now. Today people do not care, not even about their neighbours. People used to help each other in everything.”

Janoby vividly contrasted the present with the past:

“There was poverty and jobs were very few. I was a soldier and used to get a little money from my work. Because the country was poor and did not have much money, they used to pay the soldiers in kind, with such things as rice and dates. They knew that the salaries of soldiers at that time were not enough. They did not want soldiers to need to work in other places or need the help of people but there was only a little money. Before I served in the army, I spent some years

out of work. It was a very difficult time. People used to help each other but how long can people help someone if he does not have a job? The country used to depend only on the Hajj and did not have any other resource.... People have changed and they are not like before. They have money now but they do not care about others, they just think about themselves. People became very selfish and it is money that has changed them. It is very dangerous when people become like that because, as Allah told us, He will be supportive to people as long as they support each other. These days even neighbours do not know each other. What kind of life is this?"

Kasim's remarks, summarising the perceptions of cultural change among the older people in the study, are similar:

"When I was young and that was a long time ago, people were very kind and used to advise each other, if some of us made mistakes or whatever. We used to blame those who talked behind people's backs. I think people in the past were kinder than now. They used to love each other and have more altruism than people these days. People also used to forgive each other if someone made a mistake or hurt someone else. People used to argue about things and get mad at each other but the next day they would greet each other and forget what had happened yesterday. They did not have any kind of rage or hate. Nowadays, if you look carefully you will find brothers and sisters who have not spoken to each other or seen one another for a long time. If you ask them why, you will find the reason is very trivial. People these days get angry and sometimes maybe hate each other for nothing. They know that in our religion it is not allowed to abandon brothers and sisters for more than three days and yet they do it. People of my generation used to be very careful about loyalty and honesty, especially when we did business with other people."

The Religious World of the Participants

As mentioned above, when discussing their early life experiences, it was found that nearly all of the participants were raised in a religious social environment and their parents observed most of the Islamic rituals. As a result, participants had basic Islamic instruction either from their parents or due to the encouragement of religious organisations and, as mentioned earlier, by their personal efforts. It should be stressed that the participants were born and had grown up in and around Makkah, the most

holy place in Islam. They grew up in a society where religious rituals and values were observed as a matter of course, which led them to develop a strong positive attitude towards religion. However, it appears that during their childhood and early adulthood most of the participants did not observe religious practices in their personal lives. Hence, while firmly believing in Islamic teachings, i.e., articles of faith and the five Pillars of Islam (see Chapter 4), their religiosity lacked a practical dimension and occasionally they involved themselves with what in Islam are considered sins, such as adultery, drinking alcohol, etc. Thus, it seems that on the whole, participants' perception of religion during their early adulthood can be characterised as *liberal*, i.e., they believed in and respected Islam but they were unable to completely commit themselves to following an Islamic way of life, i.e., following all the commands and prohibitions of Islam in their personal, social and family lives. However, a stronger commitment to implementing Islamic precepts emerged during their late adulthood. (In the next chapter, there will be a detailed description of this revived role of religion in the present lives of the study's participants, namely, the different dimensions of their religiosity, including religious experience, participation in religious rituals, personal closeness to God and feelings towards death and the hereafter.)

Religiously-based Environment of the Participants' Childhood and Early Youth

Mustafa recalled the heavily religiously-oriented society of his childhood:

"... They (people) knew the important things in their religion. People went to the Mosques, gave to charities and visited each other If they did not see somebody in prayer, they would think that he might be ill or have some problem; they would go to his house and make sure that he was well."

Esa said:

"I also feel that people in the past were more religious and feared Allah more than now.... In the time of my youth, people used to encourage one another to pray. No one was able to smoke cigarettes in public and when it was time for prayers everyone had to go to the mosques."

Hadad stressed the religiously-based society of his childhood:

"We were raised in a religious environment and got used to worshipping Allah, so we learned at this age what we had to build in youth. It is important to work hard and perform lots of acts of worship when you are young and healthy because if you delay you may not be able to do it later...."

Kasim emphasised the strong religious element in the society he grew up in, which was reflected in the way in which people cared for each other:

"...when the time of prayers came, we would leave everything and run to the Mosques to perform prayers with a group of people. We would encourage each other to pray and to go to mosques together. If one of us were absent, we would worry about him and go immediately to his house to ask about him. In those days, people were not absent from prayers in mosques unless they were sick or out of town. The most important things in our lives were worshipping Allah and work."

Even when a person was orphaned, the wider society could play the role of parents in that they could give them basic religious instruction and help the individual to develop positive attitudes to religion. For example, Hadad, who lost his father early in life, mentioned that one of his teachers encouraged him to learn about religion, observe religious values and develop a religious personality; this teacher helped him to realise that religion could be helpful when one loses a close relative, such as one's mother:

"I had a very good teacher.... He used to treat me as a son because he knew I was an orphan. He always told me that praying for my mother was much better than just crying or being sad because prayer can benefit the dead person. He used to remind me what the Prophet said about the place of parents and the importance of prayer for them if they were dead. He used to say when people died they cannot do

anything. They may commit sins during their life or may not worship Allah very well but if they have good children, they can increase their good deeds through their children's prayers."

Religion in Participants' Youth and Early Adulthood

Despite the fact that the participants had a strongly religious upbringing, it appears that religion did not influence them greatly during their youth and early adulthood. For example, any personal commitment to fulfilling religious obligations in their lives during this period seems to have been more or less absent. For instance, Saud mentioned that he was not religious during his youth and made several mistakes by involving himself with non-Islamic practices such as drinking alcohol. Similarly, Belal did not consider himself to be religious during his youth and confessed that he was preoccupied with enjoying himself and was not concerned to carry out his religious obligations. Saud described the irreligious life of his youth as follows:

"To be honest with you I did not pray. I was not a good man because I did lots of wrong things. I also used to drink alcohol and smoke hashish and other drugs. I stopped doing these things 10 years ago... I missed many prayers during my youth... I have done lots of things, which I now believe Allah does not like. I committed adultery, drank alcohol and smoked hashish and other drugs but none of these things made me happy."

Belal, though he never drank alcohol, openly described himself as a pleasure-seeking young man:

"To be honest with you, I was not a religious person but I have not drunk alcohol. The only sin that I was not able to keep myself away from was having relationships with women and committing adultery with them. I was very strong and did not think of anything but to please and enjoy myself."

Waseem attributed not being religious during his youth to his lack of knowledge and understanding of religion:

"I need to have Allah's forgiveness because when I was young I was ignorant and did not have much knowledge of my religion. I committed some sins and was neglectful about prayer."

Similarly, Khair mentioned with regret that he was not serious about religion during his youth:

"...I have done lots of wrong things and I did not pray as I was supposed to. During my youth I committed many sins."

Abdullah also mentioned that he was not religious during his youth, but did not reveal any details about this:

"When I was young I was interested in literature and poetry but I did not give my religion enough time... when I was young I did something that makes me feel uncomfortable when I remember it now. It is hard to describe the reason for that."

Esa, although observing religious duties, said in his reflections on his youth that he had made some mistakes and attributed this to general human weakness when one is young:

"...We as human beings have a lot of sins, which we will be asked about. I made many mistakes when I was young. However, Allah is the most generous and we are all under his mercy with a belief in his forgiveness."

Conclusion

In this chapter, data analysis concerning the participants' backgrounds revealed that most of them came from economically and culturally marginalised families. As a result of the generally low standard of living they did not have the opportunity to complete their education and most remained unskilled workers. Most of the participants were born in the western region of Saudi Arabia. There were three

participants whose parents had come to recognise themselves as Saudis, though they had been born elsewhere. The participants provided religious reasons for their parents' immigration: they wanted to stay near the most Holy sites, namely the Ka'ba in Makkah and the Prophets' Mosque in Medina.

The participants mentioned that they grew up in a society where Islamic social values were observed. However, the data analysis showed that the participants during their childhood and early adulthood were not personally religious. Yet they were very respectful towards religion and learned the basic instructions in Islam, such as how to perform prayers and recite the Qur'an. Commenting on their early life experiences, they felt that social relations and the way people cared for each other had been better in the past. With the discovery of oil, people have become more comfortable in their material standards of living. The participants regretted that their more comfortable lives had made them greedy, selfish and less concerned about the poor and disadvantaged.

The main reason behind the participants' move to the nursing homes was the uncertainty or absence of work, family life and a home of their own. However, nearly all the participants said that living in the nursing homes was their last resort. On the whole, however, they were content and accepted the conditions of living in a nursing home, but they all wished that they had families and relatives to stay with. The next chapter will present an analysis of the data regarding the role of religious beliefs and practices in the participants' present lives in nursing homes.

CHAPTER EIGHT

Data Analysis:

The Role of Religion in the Participants' Late Adulthood

Introduction

The analysis presented in the previous chapter, on the whole, shows that participants were not strictly religious during their youth and early adulthood. However, what will be described below is the way in which the role of religion increased significantly as the participants grew older. They became much more involved with religious practices such as worship (prayer), listening to the Qur'an (the Muslims' Holy Book), performing extra prayers at night, meditation (Dikr) and, in their daily lives, mentioning God frequently and seeking his forgiveness, exercising the Islamic virtue of patience (Ṣabr) and practising Islamic piety (Taqwa).

The impact of religion on the older men's lives in the nursing homes was manifest. For example, most of them had a copy of the Qur'an and they listened to religious programmes on the radio and TV. Many preferred to have their beds directed toward the direction of the Holy Mosque in Makkah. People repeated religious words, such as praise of Allah and 'Glory to Allah the Greatest' or 'If Allah wills'. Most of them had prayer rugs because they prayed in their rooms. Some of them had prayer beads for praying to Allah or in order to count how many times they had mentioned God's name and His praise. In addition, they often mentioned the Prophet Mohammad's name with the highest respect and prayed for him, saying, for example, "*Peace be upon him.*"

Association Between Becoming Older and Becoming More Religious

All the participants indicated that they became more religious as they grew older. They believe that being religious, particularly at their age, was an obligation for them. They also believe that they had to do their best at this time in their lives to compensate for what they had failed to do before. For example, Mustafa, aged 80, mentioned that, although people might have made some mistakes when they were young, they could become more devout as they got older:

"These things happen (young people making mistakes) when we are young; however, people here, especially in this country, when they get old do not do these things, as most of them try to be close to Allah."

Similarly, Khair associated old age with getting closer to God:

"I feel now at this age that I am closer to Allah than ever before, because I pray and worship Him more than before. When I was young I was not careful to pray on time. I sometimes prayed and sometimes I did not, but now the situation is different. I am old and I have to pray and strengthen my relationship with Him."

Saud remarked that he had made mistakes in his life but now that he had become older he felt much more religious:

"I stopped doing these things 10 years ago. I became religious and started going to mosques and praying. The reason for this change was that once when I was praying in the Friday prayers and listening to the speaker that day, he said a lot about Allah and how He is merciful but his punishment is very severe. That speech affected me so much that it made me think about changing my life. I believe that my life has changed for the better."

He also acknowledged that he had missed many prayers during his youth and was now performing extra prayers:

"I missed many prayers during my youth and I know that youth was not an excuse for not praying on time, so when I perform extra prayers now it is to make up for those I missed."

Saud, as a result of this religious awareness, put the ultimate goal of his life as the worship of God:

"Pleasing Allah and strengthening my relationship with Him are my ultimate goals during this period of my life. I wish I had money to give to charity – to needy people. I believe that helping people is one of the things that Allah urges us to do, but unfortunately, life has turned its back on me and I have to live on what remains of my life – poor."

Sayyid mentioned that old age had given him the opportunity for self-examination, getting closer to God and achieving an awareness of Him:

"When you get old you feel that all events and incidents have gone by very fast. They are just like dreams. Everything can be just a dream except the relationship with Allah, Glory be to Him, the Greatest."

For Kasim, obeying Allah and pleasing Him had become the highest priority in his old age:

"After reaching this age, I do not have anything but reasonable health and a good relationship with Allah. My goal now is to work and work until I feel that Allah is pleased with me. I ask Allah to be pleased with me and give me good health until I die. I do not wish to get very sick at this age because people who serve me will get bored if I am very sick and cannot take care of myself. I know that I cannot be healthy all the time but I hope I will not be very sick. I feel that this life is short and the best thing that people can have is patience."

Similarly, 75 year-old Esa said that at his age gaining acceptance from God is the most important thing:

"The only thing I wish now is to have Allah pleased with me and to be accepted by Him."

Eighty seven year old Belal mentioned that old age is the time for repentance and seeking forgiveness of God:

“I used not to be a religious person.... Now, I thank Allah that all the things that I used to do when I was young do not interest me any more. I have turned to Allah and repented to Him – Glory to Allah the Greatest.”

Similarly, 90 year-old Waseem mentioned the importance of repentance in old age:

“We as human beings make lots of mistakes but we should repent to Allah and seek his forgiveness all the time. I have been trying to do as much as I can to please my Lord. A good relationship with Allah leads people to happiness and to a good life.”

This section demonstrates that the role of religion has increased in the lives of all of the participants as they have become older. They attributed this to Islamic culture and believed that at their age there was no excuse to ignore their religious duties. They also believe that closeness to Allah could provide them with happiness.

Participants' Religious Practices

Obligatory/Optional Prayer

All the participants noted that they were observing the obligatory prayers in Islam, which are performed five times a day. In addition, most were also performing extra prayers in order to compensate for missing prayers in their youth. As mentioned above, because the old age of the participants is closely associated in Islamic culture with being religious, most of them performed extra prayers in the hope of pleasing God and receiving the reward which is vital for having a better place in the Hereafter. As a result, some participants said that they felt psychologically/spiritually comfortable and interpreted it as an important coping mechanism. For example, Farah felt closer to God when praying:

"I pray five times a day. I feel close to Allah when I pray to him. I hope that Allah will forgive my shortcomings and any wrong things that I have done. Allah is the most merciful. Prayer helps to get people close to their Creator. When I pray I feel that I visit my Lord five times a day. I believe that Allah will be pleased with those who pray to Him."

He added that it is his religious duty to perform obligatory prayers in order to be rewarded and not punished in the Hereafter:

"We have to pray because we will be asked about everything (in the Hereafter). We will be asked about our deeds, whether small or big (in the Hereafter)."

Similarly, Borhan said that praying is appreciated by God and that those who perform it will be rewarded:

"I feel close to Allah all the time. I do not have family, relatives or friends, only Allah. I always think of Him and pray to Him. He is the only one who can listen to us at any time. Allah likes to hear people praying to Him and asking Him to help them. Even if He does not give you what you want now, He will protect you from harm."

Khair stressed that prayer had helped him to overcome personal difficulties, such as the loneliness in his life and the feeling of alienation as a result of living in the nursing home:

"I feel that I am a stranger and get very depressed in this place. The only thing that can help me is remembering Allah and I pray to him to help me cope with this miserable life. I pray in bed because it is difficult for me to move. Sometimes I repeat 'Allah Akber' and during the last part of the night, I get up and pray to Allah and also pray for my mother. She was very merciful to me and did a lot for me. I used to feel that I was alone but prayer was very helpful to me. It helped me to get over that difficulty."

He was aware that prayer is one of the most important pillars of Islam:

"... prayer is the most important pillar in our religion; it is the foundation of religion. Prayer brings you closer to Allah than any other kind of worship."

He provided evidence from the Islamic tradition for the importance of prayer and its power to bring people closer to God:

"I remember Allah and pray, especially bowing down or kneeling. The Prophet talks of 'the man [who] would be very close to his Lord by bowing down.' Private prayer during the early hours of the morning is very helpful because many people are busy or sleeping at this time, so when you pray the reward from Allah will be very great. Since I came here I have been careful to pray during the early hours of the morning. When I do that I feel relieved. Life here is very difficult but I get support and help from my prayers. Prayers are very important. The reason for our continued living is to worship Allah. Life is just like shadows; it does not stay long."

Similarly, Ibraheem, quoting a Qur'anic verse, emphasised the importance of prayer as a religious duty:

"The best thing in my life is worshipping Allah by praying to him and fasting for Him also. Allah says in His book 'Those who believe and do deeds of righteousness and establish regular prayers and give Zakat, will have their reward with their Lord: On them shall be no fear, nor shall they grieve.' So there is no fear if you try to please Allah and worship him as He orders."

He added that prayer is the most important form of worship in Islam and it should not be seen as a burden but as something which makes humans both physically and spiritually balanced. Worshipping (praying to) God was for him the core value and purpose of life:

"Prayer is also very important. It can help people to be healthy and happy. The five obligatory prayers are the most important things in our religion. Allah has created people to worship Him. Prayer is the foundation of religion. Allah says, 'I have only created Jinns and

men, that they may serve Me. No sustenance do I require of them, nor do I require that they should feed Me. For Allah is He who gives all sustenance, Lord of power, steadfast (forever)'. ”

Although Ibraheem was suffering from a physical illness, he was careful to attend the weekly Friday congregational prayer:

“I am very careful to pray in the mosque on Fridays. It is the most important day and Muslims should get together and pray with each other. As you know, there is no excuse not to come to the Friday prayer except if we are very sick.”

Sayyid tried to show the importance of performing the obligatory prayers by describing the procedures involved and the specific time for each of the five daily prayers:

“Prayers also are very important, especially the obligatory prayers. The prayer of Alfajir (dawn) is two prostrations, Alz̤uhor (noon) is four prostrations, Alasor (afternoon) is four prostrations, Almağreb (sunset) is three prostrations and Iṣḥa (evening prayer) is four prostrations. Prayer is one of the most important pillars in religion. It is the first thing we will be asked about after death. I believe that when I die I will be asked about the prayers and how I used to perform them. I thank Allah, I am very careful to utter all the prayers on time, I do not delay them or feel too lazy to make them.”

Belal mentioned that prayer helped him to overcome the feelings of loneliness and sadness, bringing him closer to God:

“I feel depressed but seek relief from prayers. Prayers always comfort me when I feel sad.... ”

Similarly, Saud experienced the positive role of prayer in reducing stress, loneliness and the feeling of sadness:

“I pray the extra prayer because it helps me. In one way it helps me to cope with the feelings of loneliness and sadness. Prayer can help us feel that the One who created us is close to us.”

He drew upon a prophetic tradition (the life and sayings of the Prophet; for details, see Chapter Four) while reflecting on the power of prayer to bring people close to God:

"I pray and immediately feel better. Allah says 'If my servant intends to come to me walking, I would come to him or her running'."

Saud said that he was performing extra prayers in order to compensate for the prayers he missed in his early life and firmly believed that performing good deeds such as praying would erase his bad deeds:

"I spend most nights praying private prayers. I am very careful now to pray before Alfajir (dawn) prayers. I sometimes pray ten times or more, if I can. The Prophet says 'pray while people are sleeping and you will get into paradise in peace....' I think I got my punishment for being away from Allah too long. All these things come to my mind sometimes and make me feel bad but, as I mentioned before, I overcome these feelings by praying, especially at night. The Prophet told us that Allah opens his hand and listens to those who want to repent in the last hours of every night, so I just do what the Prophet recommends. Everyone makes mistakes but the only way to eliminate these mistakes is to admit them and seek forgiveness from the only One who can forgive and replace all sins with good."

Mohammad mentioned that prayer could strengthen his relationship with God:

"Prayer is a relationship between Allah and His slaves. Private prayers such as vigils can strengthen this relationship. We need to have a close relationship with our Creator because He is the only one who has created us and knows our needs."

He also mentioned the importance of performing extra prayers at night:

"...I pray some private prayers, especially those that are performed during the last hours of the night, they are very important."

Kasim also had a similar perception regarding the function of prayer:

"... Prayers strengthen the relationship with our Lord and lead to His pleasure. My ultimate goal is to please Allah and gain his love."

If we pray to Allah he will love us and we will be close to Him. If Allah loves you, your life now and in the Hereafter will be very enjoyable.”

Janoby mentioned that saying extra prayers was important to him and narrated a prophetic tradition encouraging Muslims to involve themselves in optional prayers:

“I pray private prayers during the last hour of every night and seek forgiveness from Allah. The night prayer is very important, my son The Prophet says, ‘Multiply your prostrations (optional prayers); every such prostration will raise your status one degree and will remit one of your sins’.”

Nemer, who had been suffering from depression, said that prayer helped him to feel less stressed. For example, he said that praying helped stop his insomnia:

“During the first years of my disability I used take medication for depression but I have stopped taking it. However, I sometimes take something to help me sleep when I have insomnia. Sometimes I think of different things, but thanks to Allah that does not always happen. But you know we are only human and we cannot stay in the same mood all the time. I sometimes do not need this medication because I pray until I get tired and fall asleep. We as Muslims are encouraged to get comfort or relief from prayers. The Prophet (Peace be upon him) used to say to his companion Belal, ‘Oh Belal, let us get comforted by prayer’.”

Reciting and Listening to the Qur'an

As explained earlier, nearly all the participants during childhood had read and had memorised a few passages of the Qur'an. In Islamic religiosity the sacred book plays a key role in the life of its adherents. For example, the obligatory prayers cannot be performed without reciting some verses from the Qur'an. In some Muslim families, children are introduced to the Qur'an early in their lives, so that they are soon able to read and memorise a few passages from it. It appears that natural physiological changes in some older people make them unable to memorise or recall and in some cases, due to visual/hearing impairment, they are unable to read or listen to the Qur'an. This is why most of the older people in this study depended on what they had

memorised from the Qur'an during their childhood and also depended on listening and watching the Qur'anic recitations on radio and TV.

For example, Hadad, due to his disability, could no longer read or write. As a result he depended on listening and watching religion on the radio/TV:

"I spend most of my time watching TV. I watch some religious programmes."

Tiab was grateful to have memorised a few passages from the Qur'an because as he got older it helped him to recite them:

"I thank Allah, I have memorised some verses and chapters from the Qur'an, so I recite what I have memorised every day."

Farah explained that he read the Qur'an because it is the divine word; he learned about God and His guidance for humanity by reading or listening to it:

"I think of Allah and his creations. The Qur'an has lots of things and tells us about our Lord and the Hereafter. People forget that they will leave this life, but when I listen to the Qur'an I feel better. The Qur'an is the words of Allah so when you listen to it you get guidance directly from your Lord without any mediator."

Similarly, Khair commented that he read and listened to the Qur'an because it is the divine word, but also because reading/listening to it helped to reduce his feelings of depression:

"I also recite the Qur'an and listen to the Qur'an.... Listening to the Qur'an means listening to the words of Allah. It is very helpful. The Qur'an makes me less depressed and helps me to cope with this life and its difficulties."

Borhan mentioned that, due to his physical disability, he could not perform his prayers properly. As a result he mostly recited and listened to the Qur'an and for him this was

also a form of worship which he should practise because it made him feel comfortable:

"This disease does not allow me to pray properly. I just recite the Qur'an and repeat some of the prayers in speech. I cannot pray properly because I cannot move or go any place to pray. However, before I had this disease and during my father's life, I used to pray at all the five obligatory prayer times ... I have also memorised some chapters from the Qur'an and that is very helpful to me because when I have bad feelings I recite some verses when I am lying down. I thank Allah that I have memorised these chapters because I cannot hold the Qur'an and read from it. I sometimes listen to the radio, but only to the Adan (Call to Prayer)."

Similarly, Tiab mentioned that he had suffered from depression for a long time but that listening to/reciting the Qur'an helped to ease his pain. He added that he was advised to use the Qur'an as a remedy for his condition, which he found very helpful:

"A friend of my family recommended bringing in someone who had memorised the Qur'an and specialised in remedies using the Qur'an. There was a famous man who lived in Jeddah City. He came to me and recited the Qur'an in front of me and asked me to memorise some verses. It was very helpful because every time he came and did that, I felt comfortable. When I listen to or recite the Qur'an I feel peaceful and calm. It also helps me to fall asleep when I cannot sleep. As you may know, Allah mentions that the Qur'an is a remedy for those who believe in it. Allah mentions too that the hearts of people would be secured when they mention His name. I have a recorder in my room to listen to the Qur'an. When I feel depressed I listen to the Qur'an. It modifies the pain and makes me relaxed."

In fact Tiab said that reciting the Qur'an protected him from committing suicide and diverted his mind whenever suicidal thoughts came to him. Reading the Qur'an made him realise that he belonged to God and he was not free to end his life:

"I told you that I thought about suicide many times but as I listened to the Qur'an I changed my mind and felt that I was not free to harm myself. I belong to Allah and He is the only one who can decide when I should leave this life."

Similarly, Mohammad's reading of the Qur'an gave him self-confidence as a result of offering to be close to God:

"The Qur'an, as I told you and I am sure you know, is a cure. It can help especially when I feel down. When I recite the Qur'an I feel that Allah talks to me."

Kasim also mentioned that reading the Qur'an increases the believer's faith and helps to overcome any difficulties in life:

"Reciting the Qur'an is also important. It comforts me when I feel not so good and helps me to be very aware that everything comes from Allah. The Qur'an tells us that wealth and poverty comes to people by Allah's order or command. When you feel that everything is from Allah, you feel very comfortable."

Esa said that he found comfort from reading/listening to the Qur'an:

"Now in this place I read the Qu'ran when I feel depressed. I repeat some of the chapters until I feel good. Sometimes I feel that nothing will relieve the pain or sadness that I have but the words of Allah. We do everything according to the order of Allah. We move, talk and sleep by the order of Allah. I ask Him to keep me steady in belief."

For some participants, for example, Abdullah, listening to and watching religious programmes on radio/TV provide an opportunity to learn more about Islam:

"I listen to the Qur'an and to religious scholars who answer questions about people and about different religious issues. Although I am over eighty I sometimes feel that I need to educate myself about my religion. There is no limit to learning, we learn until we die."

Tiab added that the act of reading/listening to the Qur'an helped him to gain rewards from Allah:

"Another important thing is that listening to the Qur'an is not only for learning but also to get a reward from Allah. The Prophet said

that every time we listen to or recite from the Qur'an this would be written down for us as a good deed."

Being in the nursing home gave Ibraheem an opportunity to read and memorise some chapters from the Qur'an, which he found comforting:

"I used to memorise the Qur'an but because I got busy I forgot most of it. However, after nine months in this nursing home I reread the verses and chapters that I had forgotten and have memorised them again. As I told you, I have more time here to do lots of things but I take advantage of the free time I have by memorising the Qur'an and praying. Everything that you want to know about you will find in the Qur'an. Here (in the nursing home) I thank Allah, I read from the Qur'an and pray when I feel uncomfortable. I taught myself to read the Qur'an and write something."

Ibraheem also added that by studying the Qur'an one can learn about history and nations in the past and benefit from their experiences:

"People should read the Qur'an and pray to Allah. Allah told us about many things and people who lived before and those who will come after us. We just need to think where all those people were in the nations that lived before. They have gone and did not take anything with them but their deeds."

Ibraheem enjoyed worshipping God through the Qur'an and he wanted to share this with me by suggesting to me that I should recite the Qur'an every night. He showed that he was knowledgeable about the Qur'an and its crucial place in Islam, i.e., that the Qur'an and the traditions of the Prophet contain the religious law in Islam (Šari'a):

"I advise you to read the Qur'an and keep reading it every night. Do not abandon the Qur'an. It has everything and the Qur'an will answer any questions you may have. Read even one chapter or some verses but do not go to your bed without reading something from the Qur'an. I told you, I used to memorise the whole Qur'an but I forgot most of its chapters. The Qur'an contains the law of Allah so if we do not read it how can we know about it? The Qur'an tells us about

everything and describes even the different stages of our lives. The Prophet says 'I left two things for you which are the Qur'an and My teaching. If you follow them, you will never be misled or lost.' I find a lot of time, as I told you, in this nursing home to read carefully and understand what every verse means. The Qur'an can also be taken as a remedy for diseases of the heart, such as anxiety, misgiving or rage. If people understood the Qur'an, they would not hate or envy each other."

Some participants, such as Janoby, memorised certain verses from the Qur'an because they believed that these verses had a special positive effect on believers:

"When I feel upset or not well, I also pray and recite the verse of Kursi from the Qur'an because I know in my heart that this verse is the greatest verse in the Qur'an."

For Janoby, reading the Qur'an made him feel spiritually joyful and this made him forget his everyday anxieties; he believed that this would help him to have a better place in the Hereafter:

"I feel that I am not in this life. I feel that I am in heaven especially when I recite the Qur'an. It is the book of Allah, my son. This book will commend us and help us on the day of judgement. It is the words of Allah Almighty. Not only that, the Qur'an will complain to Allah about those who abandoned it and do not read it. There is everything we need in this book and if people read it and understand it, they will not be misguided. The book of Allah is a light; the book of Allah is the best companion for people up to the grave. Allah does not get any benefit if we worship him and he will not be hurt if we disobey Him. The Almighty wants the best things for us and does not want to punish us. He showed us in His book what is right and what is wrong and told us how to do the right things and how to refrain from doing the wrong things. We just need to read and understand what Allah says. Allah told us in His book that He would not waste or neglect either male or female deeds. Everyone will take what he or she deserves."

Patience as a Form of Worship of God

As shown above, the participants in this study came from very marginalised sections of society. They had experienced many difficulties at different stages in their lives.

As a result, they had nowhere to go but the nursing home for the rest of their lives. Most of them were suffering from different types of physical illness and some had been suffering from severe psychological disturbances, such as feelings of loneliness and depression. They explained that, as Muslims, it was their religious duty to be patient in the face of difficulties and that anything they experienced in life was to be interpreted as part of God's overall plan (qadar, predestination) for them. Some of them referred to the Qur'anic passages where Muslims are strongly advised to be patient (Ṣabr) whenever they experience difficulties such as illness, poverty or the death of a relative or loved one. Hence being patient was interpreted as an important part of worship. For example, Nemer, who is physically disabled, believed that he had to be patient with his condition because for him this was a test from God which he should pass in order to obtain God's blessing and reward:

"I trust Allah and consider what happened to me and to other people as a test. Therefore, we should try to pass this test so that we can get what Allah promised for those who have patience (reward). Allah has tested me with this disability but He has protected my children and helped them to achieve their goals."

Similarly Borhan, who was in the nursing home because he was stricken with paralysis in his old age and had no one to look after him, firmly believed that he 'would be rewarded by God' for his patience with his difficulties. He gave an example of one of the well-known Prophets in the Qur'an who were tested by God with severe illness:

"I am disabled and suffer from this disability but I will have patience like the patience of the Prophet Ayobe. Allah loves those who have patience. Patience is the method of Prophets of Allah. They use it when they have difficulties and the Qur'an tells us about the Great Prophet Ayobe who had great patience during his illness. He did not complain or get angry. He did not say 'why me?' He always thanked Allah and asked Him to be pleased with him. I learned a lot from the story of that Prophet and now try to do similar things. In fact, I have

nothing to do but have patience. Allah promised those who suffer and have patience to bring them into His mercy and prepare a wonderful place for them in His Paradise. Pleasing Allah is the goal of all believers on this earth and one way to please Him is to have patience when you have hard times. Allah does not test those who are not believers because he knows they would not have patience. What happens to those who are not believers is a punishment."

For some of the participants, such as Tiab, the meaning of religiously-based patience was not to end their lives in the face of severe depression:

"I swear by Allah that, had I not known that Allah would be angry with me, I would have committed suicide and left this terrible life. I try to have patience and not harm myself for the sake of Allah. I have no interest in this life and nothing can make me happy."

Similarly, Waseem used patience as a coping mechanism whenever he felt depressed:

"When I feel bad or depressed, especially when someone has hurt my feelings, I have patience and ask Allah to reward me for that. Allah told us about patience and encouraged us in his book to be patient when we have difficulties. Allah says 'O ye who believe, seek help in steadfastness and prayer. Lo! Allah is with the steadfast'."

Ibraheem strongly believed and advised those who have faith in God to be patient with all the difficulties in life and to attribute these difficulties to God's plan and test:

"...Everything that happens to people is by the act of Allah. He knows better and blesses whom He pleases. Believers should not be upset when they do not have money or they have a difficult situation. They have to have patience until Allah lifts the difficulties or poverty from them. Allah says in the Qur'an: 'Be sure we shall test you with something of fear and hunger, some loss of goods, lives and fruits, but give glad tidings to those who patiently persevere, who say, when afflicted with calamity: To Allah we belong and to Him is our return. They are those on whom (descend) blessings from their Lord and mercy. And they are the ones that receive guidance.' You will suffer and not feel comfortable if you look at people who are richer or healthier. This life will not stay so long. Patience is also very important. I try to have patience here."

Sayyid compared life in this world to the situation of a student passing exams:

"We just need to be patient and learn to pass the test of Allah. We are in this life like students in school or university, we have to study hard to get good marks or grades."

Esa similarly emphasised that a Muslim should be patient when he/she loses a loved one; for God tests people with such difficulties in life:

"We cannot do anything if someone we love dies but to pray for him or her and have patience. All the things that happen in this life are tests for us. Allah wants to know who is the most patient among us. Allah said 'And surely we shall try you with something of fear and hunger and loss of wealth and lives and crops; but give glad tidings to the steadfast'."

Hadad, who had lost some members of his family, believed it was God's plan and he had to be patient with it:

"I asked Allah to give me patience. I believed that what happened to my family and me was predetermined by Allah. It was the Act of Allah, therefore I accepted and had patience so that I could gain a reward from Allah."

For Janoby, happiness and suffering or loss and sadness were all from God. Thus one had to be thankful to God and be patient with the difficulties:

"I was very patient and prayed to Allah to give me more patience and compensate me for that patience by granting me a good deed and mercy. Allah gave me those children and took them back and I have nothing to do but thank him. It was a very hard time for me and had I not had patience I would have gone crazy."

Religious Meditation; Praising, Repeating and Mentioning God's Name and Seeking Forgiveness

As noted above, the participants were old men, suffering from different types of illnesses. As a result they did not always have the strength to perform Islamic rituals

which are physically demanding, such as participating in collective worship, performing prayers, etc. As a form of compensation for this, they engaged in less physically demanding kinds of worship, such as praising God, repeating and mentioning God's name and seeking His forgiveness. This made them feel better, both psychologically and spiritually.

Khair, due to old age, could not always perform obligatory prayers in a group; instead he performed them from bed and frequently engaged in praising God's name:

"The only thing which can help me is remembering Allah. I pray in bed because it is difficult for me to move. Sometimes I repeat 'Allah Akber' (God is the Greatest)...."

For Waseem, mentioning God's name was an important practice in his daily life:

"The most important thing for me now is to mention Allah. I always repeat 'There is no God but Allah and Mohammed is the Messenger of Allah'. I pray, mentioning the name of Allah and praising Him."

He added that the obligatory prayer was not the only form of worship; one can also worship Allah by mentioning and praising Him and doing this brought Waseem closer to God:

"Allah has created us and wants us to worship Him. Mentioning His name and praising Him are a kind of worship that He likes. I know that prayer is the best worship but I cannot do that every time. What I can do each time is praise Him and mention His name. These things help me to feel closer to Allah and make me feel that all the difficulties I have had or I may have in the future are just for a short time. Worshipping Allah helps to increase my patience and give me hope."

Abdullah explained that humans make mistakes in their daily lives, but by remembering God one can obtain His forgiveness:

"...The most important thing is not to be perfect but to try to remember Allah and when you make mistakes just go to Him and admit 'I did wrong'. Once we do that Allah will accept our apologies and bring us to His mercy."

For Ibraheem, constantly seeking forgiveness from God was a remedy for sad feelings:

"I sometimes feel sad but remedy this feeling by seeking forgiveness from Allah."

He brought up verses from the Qur'an which say that whoever seeks forgiveness from God will be protected:

"People may sometimes feel depressed or upset but that can go when they seek forgiveness. Allah says 'And those who fear Allah, He (ever) prepares a way out and He provides for him from (sources) he never could expect. And if anyone puts his trust in Allah, sufficient is (Allah) for him. For Allah will surely accomplish His purpose: verily, for all things has Allah appointed a due proportion'. I have not had depression because I always ask pardon and seek forgiveness from Allah. Allah says: 'If any one does evil or wrongs his own soul but afterwards seeks Allah's forgiveness, he will find Allah oft-forgiving, Most Merciful'. Allah told the Prophet that he would not punish people as long as the Prophet was among them and as long as they seek forgiveness from Allah. Allah also says in the Qur'an: 'Ask forgiveness from your Lord, for He is Oft-Forgiving, He will send rain to you in abundance; give you increase in wealth and sons; and bestow on you rivers (of flowing water)'."

Similarly, Janoby was actively engaged in mentioning God's name and praising Him, as a way of expressing his thankfulness to God which he strongly believed would lead him to obtain God's forgiveness:

"... When I cannot sleep, I go to the bathroom and make ablution and come back to my room. I sit and ask Allah his forgiveness one hundred times because as the Prophet says 'Allah is more pleased with the repentance of His servant than would be one of you who were to lose his camel in a barren desert and then find it suddenly.' I thank Him one hundred times, I praise Him and say 'Glory to my God

the Greatest' one hundred times and then pray to Him, the night prayer. The Prophet says 'Multiply your prostrations (optional prayers); every such prostration will raise your status one degree and will remit one of your sins.' When I finish the prayer, I sit and read the Qur'an. (There is a large text of the Qur'an near his bed.) I have to do that because the Prophet said, 'The best person is he who has a long span of life and his action and conduct are good'."

For Esa, having plenty of free time in the nursing home gave him the opportunity to actively engage in remembering God and praising Him, which made him feel closer to God:

"In fact, living in the nursing home, despite its disadvantages, gives us time to mention Allah and to seek His forgiveness. Illness sometimes may help and lead people to remember Allah and be close to Him."

Similarly, Waseem believed strongly that remembering God by praising His name and glory made him feel closer to Him and made him feel better:

"People who are close to Allah and always remember to praise Him as well as mention His name will not be afraid of anything. When Allah loves someone, He will make all mankind love him."

Other Religious Rituals/Activities Mentioned by Participants

The above religious profiles of older people show that they were engaged with religious practices and rituals which would bring them personally closer to God. Apart from the abovementioned religious practices, the participants told me that they were observing other religious rituals, such as fasting, and also following the ethical teachings of Islam in their lives, such as talking about dead people with respect and praying for them; and being kind to other people.

Kindness to Parents, Relatives, Friends and People in General

Mustafa, while reflecting on his past life, interpreted looking after his disabled mother as a form of worship of God. Now he was pleased with what he had done:

"... it was hard for me to leave my mom some days. She was very old and she was also blind. I always felt that I was offering a kind of worship too. I believed that Allah would also reward me for serving my mother."

Similarly, Esa significantly emphasised the high position of motherhood in Islam:

"The place of the mother is very important. The Prophet said to the person who asked him about which person of all the people is best entitled to kind treatment and a good relationship with him, 'Your mother'. The man asked, 'And then?' He said, 'Your mother'. 'And after her?' He said, 'Your mother.' 'And after her?' The Holy Prophet said, 'Your father'."

Esa added that one could give thanks to a kind friend, even if he was no longer alive, by praying for him:

"... All I can do for him is to pray for him and ask Allah to grant him forgiveness and mercy. He was eighty years old. Indeed, it was a very painful moment but that was the Act of Allah. What can we do? I wish I knew his relatives to comfort them or show my sympathy. He died in hospital. That man was really very kind. We hear from time to time that someone has died."

Kasim said that for Muslims obeying God and forgiving people were the most important things in life:

"My experience in this life has taught me that obeying Allah is the best thing in this life and also forgiveness is a good thing. Muslims should try to be close to Allah by thanking Him and praising Him every time..."

He also added that Muslims should show solidarity with each other:

“They know that in our religion it is not allowed to abandon your brothers and sisters for more than three days and yet they do it. Allah is delightful and merciful but we need to be good and honest with Him. Everything we do in this life, we will be asked about. Allah is fair and yet hard. Allah does not need us but He wants us to be kind to each other and have mercy on each other. We do not have any other Lord but Allah and without him we would be like orphans. Just imagine the case of orphan children. They must need some sympathy and love. We, as human beings, should feel that Allah is our beloved and He is the only one who can bestow gifts upon us. Allah is our Lord who feeds us and gives us drink. Therefore, we have to get close to Him and humble ourselves to Him – Glory to Him the Greatest.”

Waseem believed that Muslims, especially relatives, should not deceive each other; his trust was betrayed by his nephew and he saw this to be a grave sin:

“I reminded him (his nephew) that I am his uncle and it would be a big sin (betraying him) to take your uncle’s money (unjustly).”

When his nephew did not positively respond, Waseem referred him to God:

“I said there is no God but Allah, go and you will see what Allah will do to you.”

Later when his nephew recognised his mistake and came back to his uncle, Waseem thanked God that he had regained his nephew:

“I thank Allah who guided my nephew onto the right path and helped him to rebuild our relationship.”

Abdullah valued and appreciated one of the residents in the nursing home who had considerable knowledge and understanding of Islam; he tried to benefit from his wisdom. He considered himself lucky to have such a friend in the nursing home:

“... He is very religious and sometimes we discuss religious issues. We learn from each other and try to increase our belief in Allah by reminding one another about what we should do to enhance our

knowledge of religion. At this age it is difficult to find a close friend but I think I am lucky because I have one."

Sayyid said that being kind and just towards people was part of the religious obligations which a Muslim should observe:

"It is also important to keep from injuring people. Allah is the most forgiving but when someone injures someone else, Allah will not forgive the former until he or she is forgiven by the latter. Keeping away from oppression is very important."

Hadad believed that treating people badly, particularly those who are disadvantaged, was against the teachings of Islam:

"We are Muslims but when we treat each other very badly, Allah and his Prophet will not accept that. The Prophet said, 'I am not supportive to those who are not good even if they are from my family'. The Prophet used to love people, especially miserable and poor people. He used to act humbly towards powerless and needy people."

Janoby, commenting on a situation in the nursing home, made a similar observation about ways of treating people who are disadvantaged:

"It was an injustice to treat workers so badly; they were foreigners and poor. They served us and only received a handful of money. Allah does not like people to treat the poor and powerless like that."

He added that, as long as people were helping each other, God would help them:

"...Allah told us, He will be supportive to people as long as they support each other." The Prophet has said. He said, 'I swear by Allah that you will not be a believer (three times) unless you love your brother in religion as you love yourself'."

Fasting

Khair expressed his happiness to have observed the Islamic obligatory fasts and also fasted voluntarily at other times:

"I like fasting at Ramadan too. It is a blessed month. I fast sometimes because we do not have anything to do here except sleep. I have plenty of time now, so I fast voluntarily for Allah. I am also careful to give to charity during Ramadan. Although I am poor this is a very important thing to do, especially in this month."

Visiting Holy Places

Khair added that had he been healthy he would have visited the Prophet's Mosque in order to gain blessings from God:

"...I hope I can go out of this place and be healthy enough to go to Medina and pray in the Mosque of the Prophet Mohammed in Medina."

Believing in Predestination

Saud firmly believed that whatever had happened and was happening in his life was part of God's plan for him. He interpreted his life in a wider religious framework. For example, he attributed the tragic car accident which had caused the death of 25 people to his destiny (qadar):

"...I was very sad as a result of this tragic accident but I was not angry because I believed that it was a predetermination or act of Allah."

Similarly, Nemer, although he was disabled and was prevented from leading a fulfilling life, was not sad because he believed devoutly that what had happened to him was his destiny which he had to accept and he was content with his life:

"It was very painful for me to know that I would always have this disability for the rest of my life but I believed too that what had happened was predestined. I had to accept the new situation and deal with it, otherwise my health would have got worse. I tried to

convince myself that it could be worse, that Allah wanted to give me another life. It was hard but I got used to it. It is an Act of Allah. Now, I spend most of my time in this wheelchair."

Borhan, who was suffering from a terminal illness, accepted this condition as part of his destiny:

"... This is a malignant disease and irrevocable. I do not wish this disease even on my worst enemy. It has made me useless and unable to do anything. However, I am not angry because this is an Act of Allah. It is predestination from Allah."

Ibraheem also stressed that life is preordained by God's eternal power:

"Everybody lives his life according to the will of Allah. There is life and there is death. Everyone lives on the basis of what Allah wants."

Mohammed suffered from an uncontrollable temper and had drastic mood swings, which had had grave consequences in his life, i.e., his not having a stable marriage.

But he attributed this to God's destiny for him:

"...I suffered but I believe that what happened to me was predestination from Allah...."

Tiab, who has suffered from depression for a long time, felt that he was unlucky but he implied that he should accept his situation because he believed in Allah and He would reward him for this:

"I believe that I am an unlucky guy, however, I believe in Allah. Therefore, I always pray to Him and ask Him to consider my suffering as a good deed."

Praying for the Prophet and Praying for Others

Esa strongly believed that praying for the Prophet would reduce his sadness and stressed:

"The prayer for the Prophet is very important and helps to reduce sadness. Therefore, I am very careful to pray for him after the obligatory prayers. I always say, 'Oh Allah! Pray upon your Prophet Mohammed and his family as you prayed upon your Prophet Abraham'. People commit sins but many of them do not try to eradicate those sins. They must pray and seek Allah's forgiveness."

Borhan, as a token of his personal gratitude to the people who served in the nursing home, says prayers for them:

"I pray for people here and for what they are doing for me and for other people."

Desire for Religious Learning

Esa wished the nursing home could arrange regular visits from religious scholars to instruct them in religion:

"I wish there were some šeihs (religious scholars) who could visit this nursing home and teach people something about their religion. I cannot remember some šeihs coming here to us. There were supposed to be some people well educated in religion in this place to help people cope with the bad feelings they have sometimes and remind them what Allah has prepared for the patient ones."

Physical Religious Activities

Sayyid got pleasure and comfort from physical religious acts, such as performing minor pilgrimages ('umra):

"I have performed 'umra (minor pilgrimage to Makkah) twice since I came to this nursing home. They were the best moments that I have ever had in my life. 'Umra gladdens the heart and relieves you of any kind of sadness or concern. 'Umra makes you feel that you have done something because you feel tired. It makes you feel that you got tired and fatigued for the sake of Allah. The more you are tired and fatigued the more reward you will get from Allah."

Participants' Religiosity and their Attitudes towards Death and the Hereafter

The analysis of the data showed that participants had mixed feelings of despair and hope with regard to their lives and the future. They felt despair because they believed that they had grown old and were quite close to death. Moreover, most of them had to live in a nursing home as a result of not having a close family or even distant relatives to look after them. As was shown above, they did not have altogether satisfactory lives. Those who had relatives had such serious conflicts and disputes that they could no longer live together. However, the participants were full of hope when they talked about life after death. Their hope was grounded in their strongly expressed religious beliefs. They firmly believed that real life started after death. Although they admitted that they had ignored their religious duties during early adulthood, they felt that in their old age religion had become the centre of their life. They emphasised that on the Day of Judgement God would include them in His mercy because they were genuinely restored to God. They believed that, due to God's justice, they would have a better life in the Hereafter because their life on earth had contained so much suffering, poverty, etc. In addition, because they were extremely lonely in their old age, due to their isolation from their relatives as a result of death or separation, they looked forward to the Hereafter, as it would give them the chance to be reunited with their loved ones.

Mustafa firmly believed that for him the real future was in the Hereafter and he trusted that he would obtain God's mercy:

"The future for people like me is not in this life. My good future, Allah willing, will be in the Hereafter when I get the mercy of Allah and go into Paradise. I know that everything will die, I am not afraid of that – this is the way of Allah and we have to accept it. Many people have died since I came here. Most of them died in hospital. I cannot do anything but pray for them. On the Day of Judgement

everybody's position will be according to his or her deeds. If they did good things in this life they will find very good things in the Hereafter."

Despite his suffering, Farah expressed the belief that death was not desirable and life was better. However, with his strong religious belief, he was quite content, saw death as natural and was aware that he was quite close to death, but was hopeful about the Hereafter:

"I will not live more than I have already. Life is better than death but it is obvious that people when they get old will die. I am 100 years old and I feel that death will come soon but I can do nothing. We as human beings would like to live forever; we do not have a choice when death comes. I believe that death is hard but I ask Allah to make it easy for me ... I believe that there will be hellfire on the Day of Judgement and Paradise. I believe that some people will go to Paradise but there are people who will go to hellfire. May Allah keep us away from it and take us with those who will go to Paradise."

Farah believed that he would be judged, but, nevertheless, in the end he was quite hopeful that he would be included in God's mercy:

"We will stand before Allah, there is no doubt, but I am sure that Allah will forgive me and forgive us all if we were not unjust to other people"

Saud similarly believed in judgement and admitted that he had done wrong things in his life. However, he implicitly trusted that God would forgive him because in his old age he had genuinely repented of his sins:

"We will be asked about everything that we have done but in the Qur'an Allah promised people that He would forgive those who repented to Him. The most important thing is to regret what you have done if it was wrong and ask Allah to guide you on the right path. Allah does not want to punish us. He is most merciful and is good to us."

As far as this life was concerned, Saud appeared to be in despair because he was very old and he had nothing more to expect in life. However, he believed deeply that his future would be in the Hereafter:

"... I am eighty years old and there is no future for me in this life. The future is for young people who want to marry and have children or good jobs. My future, Allah willing, is thinking of Paradise."

Jameel appeared to be quite negative about his life; he felt extremely lonely, as he did not have any family. As a result he felt that death would be preferable, for he hoped he would have a better life in the Hereafter:

"I do not have children, family or friends. I do not have anybody except Allah, so why should I care about this life, why would I want to live longer? People who have a happy life may want to stay and live longer to enjoy it, but people like me, who spend most of their lives struggling to live, they do not care about life. I may have a better life after my death. Death will be coming sooner or later – everyone will die. I pray to Allah to take my soul soon and not to let me suffer more than I have already. I pray to Allah to have mercy on me."

Borhan, who was suffering from paralysis, was thinking about life after death; he believed that he would be free of pain and suffering:

"Life is very short but life after death will be a real and happy life. There will not be illness or depression and there will not be suffering. There will be happiness and peace. I cannot wait to leave this life and go to Allah, but I cannot ask Allah to make me die because He knows what is best for me."

Ibraheem was aware that his life was coming to an end; he was actively preparing himself for the Hereafter by praying and trying to get closer to God in order to have eternal happiness:

"I have finished my future in this life and I am working now on building my real future. I believe that living will be forever and having the best things we wish for ourselves."

Mohammad, who was mentally unstable and, as a result, had had an unhappy marriage, strongly hoped that he would have a perfect family in the Hereafter:

"I now ask Allah to grant me a good ending to this life. Allah willing, I will marry one of the women of paradise. The believers, who were not lucky or did not have successful marriages in this life, they will have beautiful wives (Houris) in paradise. Life cannot be comfortable all the time. It is a temporary distraction and play, no matter how long people live in this life. Because if you ask someone who has lived one hundred years to describe it, he would still say it was like 'days'."

Janoby, who spent most of his time praising Allah and praying to Him, had a profound trust that he would be rewarded in the Hereafter. As a result he did not seem to be stressed about death:

"I trust Allah and I am sure that He is most merciful. I believe that if we seek forgiveness and pray night prayers to Allah, we will be saved from any difficulty or punishment. We will be, Allah willing, with the Prophets and the good people in the highest place in paradise."

For Sayyid, life after death was real and he looked forward to being reunited with his family and friends there:

"Everyone will die; therefore, the most important thing we have to do is obey and worship Allah. He says in His book (the Qur'an) 'Every soul will taste death' and everything has a certain time to depart this life. What makes me feel comfortable is that we will follow them some day. I believe that I will see all my family and friends in the Hereafter. I am a believer and know that, sure enough, everything will die. The death is as real as Allah says (every soul will taste death), I complain to Allah."

Esa said that he was not concerned with death as such, but he was most conscious of the Judgement Day and of life after death:

“People when they get old, especially believers, think about what will happen after death. I am not afraid of death; it will be welcome at any time. What I wish is to die in peace in my bed without suffering for a long time. What I care about is what will happen after death.”

Waseem thought that life after death was real, compared with earthly life and something which one could enjoy and look forward to:

“You cannot think of this life too much if you believe that life in the Hereafter will be better and eternal. Life in the Hereafter, especially in paradise, will be a wonderful life because it is without sickness or sadness. There will be no death and even upsetting rage will not be there.”

He admitted his shortcomings, like all human beings in this life, but he believed that God’s mercy would include him and he would ultimately go to paradise:

“I believe that I have not worshipped Allah as I should have, but I believe in Allah’s mercy. He is the most merciful and forgiving. Every soul will taste death, as Allah says in His book. We know and believe that we will die but Allah will raise us again and let us live forever.”

Conclusion

This chapter has presented an analysis of the data regarding the role of religion in the participants’ present lives in the nursing homes. The main study finding indicated that the role of religion has increased in the lives of all of the participants as they grew older. It appeared that religious belief and practices functioned as a coping mechanism in their lives, as nearly all had had very difficult lives. They were engaged with different obligatory and optional religious rituals and practices, such as praying, reciting/listening to the Qur’an, mentioning and praising God’s name, etc.

They expressed the view that, by engaging in these practices, they believed that they were fulfilling their religious duties and were compensating for what they had omitted from their obligatory religious duties in their earlier lives. At the more personal level, these practices helped them to get closer to God and to cope with their physical and psychological pain and suffering. They firmly believed in life after death and the Judgement Day. Because of their advanced age, they knew that they did not have much time left. They were aware that, after the nursing home, the next stage of their lives would be in the Hereafter. Thus, in the nursing home the main activity was worship in order to get closer to God and gain His mercy so as to have a better life in the Hereafter. They held firmly to the belief in God's mercy and forgiveness. As they had suffered many difficulties in this life they strongly held the expectation that they would have much better lives in the Hereafter. In the next chapter, I will discuss the overall findings of the study in more detail by comparing them with some previous studies with similar themes.

CHAPTER NINE

Discussion: The Findings of the Study

Introduction

This chapter will discuss the overall findings of the study. The discussion will compare the findings of this study with previous studies which have explored the themes relevant to those which the present research has investigated. The main concern of the study is that the role of religious beliefs and practice in older men's lives in Saudi nursing homes has not been explored by any previous study in Saudi Arabia. In fact, this is what makes the present study original and a significant contribution to the field of social work in Saudi Arabia. There are studies which have investigated the lives of older people in general and in nursing homes in Saudi Arabia in particular; however, these studies did not explore the role of religion in the lives of the nursing home residents. The findings of these studies, for example, in terms of the admission of older people to nursing homes, services in nursing homes and the psychological well-being of older people in these institutions, are relevant to the present study. Hence there will be a critical comparison between these findings and the findings of the present study. A detailed review of this literature is provided in Chapter 3.

The bulk of previous studies investigating the role of religion in older people's lives was mainly conducted in America and Western Europe. Although there are clear differences in religion/culture, it is still important and interesting to compare the findings of the present study with the findings of other related studies. An attempt will be made to re-think the findings of the present study with reference to the place

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of religion in the overall life experience of older people in nursing homes in the light of the findings of other studies undertaken from the varying perspectives of psychology, the sociology of religion, social work and gerontology. Research-based theoretical perspectives on the way in which people in an Islamic cultural context experience religion have not yet been developed adequately. In this sense, one of the original contributions of the current research is the fact that it constitutes a social scientific study of religiosity in an Islamic cultural context. The relevant research literature can be summarised as, first, studies conducted in Saudi Arabia on older people in general, which did not look into the role of religion in their lives and, second, research carried out in the West on the role of religion in older people's lives.

Interpreting the Findings about the Background of the Study Participants

Admission to the Nursing Home

Eligibility to live in a nursing home is based on some well-defined criteria, which constitute the admission policy for all nursing homes in Saudi Arabia. Reaching the age of 60, being unable look after oneself, having no income, having no children, family or relative to look after one and/or suffering from a physical disability are the general requirements for admission into a nursing home (Alsadhan, 2000; Ministry of Labour and Social Affairs, 2000). These are the general requirements according to the legal regulations, as mentioned in Chapters 3 and 6. However, these rules are usually taken as guidelines which may be interpreted flexibly. Hence, a candidate is usually not expected to meet all the criteria mentioned in the guidelines. As I was told during the fieldwork by one of the managers in a nursing home, the main reason for sometimes insisting on all the criteria is as far as possible to encourage people to look after their parents. Participants in the present study generally met these criteria. They were all above 60 years of age, some had severe physical conditions, such as being

blind or paralysed and most did not have family/close relatives to look after them nor any income.

As noted above, the managers mentioned that they adopted these complex criteria for admission into nursing homes mainly in response to a wider social policy of combating the reluctance of some to provide care for their older relatives. Moharam (a pseudonym), one of the managers in the Makkah nursing home, commented that the nursing home sometimes negotiated with the relatives of older people and offered them financial support if they would keep their relatives at home and take care of them. He added that he was encouraged by government policy to earnestly persuade children to look after their parents. There were some older men in the nursing homes who had been referred there by mental health hospitals after they had recovered and become mentally stable. These people met the abovementioned general admission criteria and did not have any family/relatives to look after them. However, as the two interviewed managers said, according to the new regulations, nursing homes should not accept people who were suffering from mental illness. As mentioned in Chapter 3, such people should stay in mental health institutions as long as they required special professional treatment.

Socio-economic and Educational Background of the Study Subjects

As discussed in Chapter 7, all the participants came from a working-class background and had no or very little formal education. These characteristics found in the older men in Saudi nursing homes are recorded by several other studies (for detailed information see Chapter 3) which investigated similar groups of older people in other nursing homes in Saudi Arabia (Alkhameis, 1988; Jebreil, 1990; Shwaikah, 1994).

The findings concerning the widespread low levels of education and low income among the study participants can be attributed to the fact that Saudi Arabia had no general national educational system until the 1940s (Yamani, 2000). It was with the founding of the Ministry of Education in 1953 that the modern era of educational development started (Ministry of Education, 1999). In fact, the wealth from oil was not used to start the modernisation of the country's economy, which was essential for developing an adequate educational system, until the early 1970s. Hence most of the participants did not have the chance to obtain a good education during their childhood. As a result, they had to work in low-paid professions such as driving, manual work, etc. during their adulthood.

The study found that most of the older men who live in nursing homes are Saudis and only a few are of different or unconfirmed nationality. This finding was also reported in previous research, such as Alsadhan's study (Alsadhan, 1998, 2000) (see Chapter 3). The presence of such people is explained by the fact that Saudi Arabia has two of the most holy sites of Islam, which have attracted many Muslims from different countries.

Participants' Views on Cultural Change

The study findings concerning the attitudes and perception of participants towards the cultural changes which have occurred in Saudi society during their lives were interesting. The research revealed that nearly all the participants had a negative view about the cultural changes affecting Saudi society since the discovery of oil and the increasing modernisation of the country. Participants spent their childhood and youth in pre-modern Saudi society, where traditional Islamic values shaped all aspects of life. As noted earlier, although only a minority of the participants could be considered

religiously practising individuals in much of their adult lives, they all testified that they had been brought up in a much more religiously aware culture. They believed that wealth above all had introduced a rapid change in the traditional structure of society. The cohesion and solidarity within society which they had experienced in the past had weakened in contemporary Saudi society (Alghazawi, 1990; Haleim, 1993). Some sociological studies have explored the process of social change in Saudi Arabia's transition (Al-Farsy, 1986; Wiley, 1999; Yamani, 2000). Yamani's research (2000), which explored the cultural transition within Saudi society, tends to confirm that the new generation is not fully complying with the traditional values of their parents (for further information, see Chapter 3).

Cross-cultural studies also point out that older people in general find it difficult to adjust easily to social change. For example, Coleman and McCulloch, in their UK-based research exploring the views on contemporary life of older people in sheltered housing, revealed that they had negative attitudes towards modern life and social change. These two authors identify two types of negative reactions: "moral siege", in which past values were strongly defended, and "questioning" past values as well as present ones. The researchers suggest that the experience of loss may be one of the triggers for such questioning of values. Participants in the present study would fall into the "moral siege" category identified by Coleman and McCulloch (1990).

From a theoretical perspective, Coleman and McCulloch (1990) suggest that the status of older people within societies can be explained by both sociological and psychological theories. At the sociological level, the "modernisation theory", developed by Cowgill and Holmes (1972), argues that modernisation creates a lower

status for older people. For example, mandatory retirement and health problems associated with age can cause major alterations in older persons' objective and subjective positions in the field of power. Retirement and vulnerability force older people into an arena of role ambiguity where they become dependent on the state welfare system and are stripped of their 'social worth' by society. This occurs primarily because, in modern societies, income and status derive predominantly from productive employment. Although I believe that the modernisation in Saudi Arabia, as discussed in Chapter 2, does not extend to the point of secularisation, the above process can be discerned in a society such as Saudi Arabia, which is going through rapid modernisation, especially at state level, the purpose of which is to establish a modern nation-state with all its institutions, agencies and organisations. This process has produced structural changes in society with which older people find it difficult to cope. They were not socialised to live in a complex modern society. The views of older people and their reactions to social change in Saudi Arabia recorded in the present study confirm this overall finding/observation about the role of older people in a modern society (see Chapter 7).

At the psychological level, theorists such as Erikson (1965) are positive about the way in which older people can develop their attitudes towards social change, so long as there is social stability. Psychological theories accept that recent social changes have weakened respect for older people. Erikson's psychosocial developmental theory suggests that the achievement of integrity is an important task for the later stages of human development. According to him, if older people have achieved "integrity" they do not feel threatened by the challenges of differences, change, etc. They have enough confidence to adjust to the changes and be content with their own lifestyle and

personal values (Erikson, 1965). Here there is a clear implication that older people should be able to accept and tolerate other ways of living. Self-acceptance and the acceptance of others go hand-in-hand (Coleman and McCulloch, 1990).

The negative attitudes to modern society, as Coleman and McCulloch (1990) stress, may be more prevalent among older people who are not integrated within their families and within society as a whole (perhaps nursing home residents in particular). However, in the present study, although the participants had had challenging lives and had lived on the margins of society, they exhibited a great deal of integrity by accepting their situation and tolerating social change. Although they had strong negative opinions about the changes in Saudi society, with the help of religious values they were trying to accept themselves and other lifestyles. Consistent with the views of both Freud (1973) and Pargament (1997), regarding the coping mechanism discussed in Chapter 2, the religious values and ideas, such as 'belief in God's providence' and 'compensation in the Hereafter', appeared to make participants in the present study more able to accept and to be more content with their present life situation and its difficulties.

It is quite natural that some older people would have negative views of social and cultural change, particularly if we take into account the sudden and dramatic character of social change which occurred in the previously very traditional Saudi society. The modernisation which took place in Saudi Arabia, unlike the gradual change which affected Western Europe during its modernisation, was sudden because it was initiated with the discovery of oil and not, as mentioned above, an element in a gradual social/historical change. Hence the rapid changes and continued social,

economic and cultural transformation came as a shock for the unprepared traditional Saudi society of the 1930s and 1940s, when most of the study participants were growing up. However, it should be acknowledged that socio-economic changes and transformation were inevitable in the case of Saudi Arabia, because when oil was discovered this gave the state an opportunity to develop all material and many social aspects of society. Thus, if we look at the improved services in education, social welfare, etc. (see Chapter 3) in modern Saudi society, it is fair to say that the changes which occurred also triggered positive developments. At the same time, change did not eradicate the role and place of religion in Saudi society overall, for many Saudi people still live by their religious values. For example, as Yamani (2000) comments, the symbolism of Islam combined with the unique heritage of Saudi Arabia, based on the guardianship of Makkah and Medina, continues to be at the centre of Saudi identity. Obviously with new work opportunities and educational conditions, the younger generations are likely to develop new attitudes towards family and tradition (Ochsenwald, 1981; Al-Rasheed). The younger generation will have the opportunity to relate meaningfully to traditional values without being forced to comply with the expectations of their parents' generation. Young people, like the older generation, have to come to terms with the dramatic cultural changes which affect their lives (Yamani, 2000). It is essential, however, for young people to understand what kind of world older people came from and appreciate the difficulties which they have faced, if they are to relate to and communicate with them.

Participants' Views about Living in Nursing Homes

The last theme concerning the information on the background of the participants' lives was concerned with exploring their views and feelings about their lives in the nursing home. In this regard, participants' views are varied: some, particularly those

who could not look after themselves and had no one else to turn to, reported that they were quite content with being there. However, some felt that due to their severe physical disability and lack of alternatives, they were compelled to accept their present conditions.

Some studies, such as those of Shwaikah (1994) and Alsadhan (2000), focused for the most part on exploring the overall characteristics of people in nursing homes, such as their numbers, marital status, gender, age and the reasons for staying in the nursing home (see Chapter 3). From this point of view, the present study appears to be the first attempt to explore the inner life of older people (their feelings, thoughts, etc.) in nursing homes. The research found that participants were on the whole quite content with the healthcare and food provision, but they complained about being isolated and not having enough social activities. In this sense they felt that the physical location of nursing homes; was inappropriate. For example, in the case of the nursing home in Makkah it was difficult for them to attend the mosque. Moreover, the nursing home as a building was not designed to cater for the needs of older people. The only lift available did not always work and the older people could not use the stairs; as a result most were confined to their rooms (see Chapters 6 and 7). Not enough visits were organised from the nursing homes to other social institutions such as local mosques, social centres, schools and universities; nor were there enough visits from the staff of local religious institutions to the nursing homes. Such visits would not only connect the residents with society but would also contribute to the self-esteem of older people by giving them a feeling of self-worth and of being part of society. It should be noted that the managers and social workers in the nursing homes mentioned that they were aware of the benefits of organising social activities/visits for older people and from

social/religious institutions. For example, regular visits by the local imam and clergy had been planned to enable older people to have religious instructions, lessons and religious counselling. However, these plans appeared to be implemented only casually.

During my visits to the nursing homes, it was clear that some of the staff, in particular those whose job it was to oversee the work of the maintenance staff, were not keen on working with older people. In fact, some of these staff members occasionally made negative comments about being old in general, saying that working with older people made no notable contribution to society comparable to working with children and young people, which they claimed to be more rewarding and important. They simply did not appear to be suited to the kind of job that they were doing and they were looking to change to a job that would suit them better.

It is clear that there is a need for care in selecting staff to work with older people. One element in employing the right people for the job would be to make the wages attractive, since adequate payment is an important factor in finding the right people for the job. But there are people who enjoy working with older people and feel that serving them is a religious duty (as well as a pleasure) which will bring them religious rewards. However, these people were not satisfied with the low wages either, nor with having no opportunity for in-service training and promotion. Currently, most of the manual workers are foreign nationals (in general in Saudi Arabia, 10% of all manual workers are foreign nationals and are underpaid (Sahliyah, 2000)). As a result, some of the unqualified staff exploited their position and engaged in practices such as theft, which made the older men feel uncomfortable and insecure.

Interpreting the Findings of the Study Concerning the Role of Religion in the Participants' Lives

Participants' Experience of Religion During their Childhood and Youth

The study findings indicate that nearly all the participants were born and raised in traditional Muslim families. They had, in other words, experienced religious-based family upbringing and social life. However, it was also found that not all the participants had carried out their religious duties in their early lives. In order to understand this situation, there is a need to look at the general characteristics of traditional Muslim society and, in particular, at the kind of social class to which the participants' families belonged. When they were young, because society was based on traditional Islamic values, people may have felt able to be more tolerant, because their society had experienced no great external challenges. Particularly in the western region of Saudi Arabia, where these two nursing homes were based, there has always been interaction with other Muslim countries and as a result the region has remained tolerant and developed a much more flexible understanding of Islam than elsewhere in the country (Yamani, 2000). (This tolerance, of course, should not be confused with the kind of secular attitude to religious practice found, for example, in contemporary Western societies.) Such tolerance could prevail partly because the society was small, people knew each other and could trust one another, knowing that they were all Muslims and would practise Islamic values as a matter of course. The younger generation at the time, in the absence of external non-Islamic influences, were trusted and given time to come to maturity when they were ready, for instance, in matters of strict adherence to Islamic precepts when they got married. It should be stressed that all participants had a deep respect for and wanted one day to fulfil their obligations. They internalised Islamic values but somehow lacked the commitment to practise Islamic rituals, such as praying five times a day. Some in their youth even committed

sins but always regretted it and hoped one day that they would completely comply with Islamic teachings and instructions and become practising Muslims.

Role/Place of Religion in the Lives of Older People in the Nursing Homes

Religiosity and Age

The current research found that these older men had become much more involved with religious practice. The study's subjects had all moved away from being non-practising religious believers to becoming practising religious believers. In other words, this finding suggests that there might be a positive correlation in Saudi Arabian society between ageing and becoming more religious. Analysis of the participants' life experiences shows diverse reasons for returning to religious practices and religion in general in the later stages of their lives. As will be explored in more depth below, these diverse reasons, when grouped together, generally indicate that religion functions are a *coping mechanism* in their lives, since most had financial, social and physical difficulties and felt vulnerable. It should be noted that the aim in using the umbrella term *coping mechanism* is not to reduce or explain away the personal religious/spiritual experiences of the participants. Yet this concept is useful in functional terms to make sense of the outwardly observable religious actions of the participants. For example, the fact of being helpless and having no one to turn to appears to have made them turn to religion to compensate for what they had previously lacked in their lives. Religion offers them comfort, hope and the prospect of eternal happiness in the Hereafter. In particular, believing that whatever has happened in their lives, bad or good, is part of God's plan (predestination) for them has helped them to accept and be content with their lives.

The increased personal religiosity among the participants was clearly observable from their performance of obligatory and additional prayers, their frequent listening to and reciting of the Qur'an and their invoking and praising of God. The positive association between ageing and becoming more religious appears to be confirmed by many other cross-cultural social scientific studies exploring the role of religion in human life. It should be emphasised that most of the studies investigating the role of religion and spirituality in older people's lives have been conducted in the West. Rarely have these studies included a sample of Muslims. However, on the whole, most studies suggest that older people are much more involved than younger ones are with religious practice and spirituality (see Chapter 2). In this sense the findings of the present study are in agreement with the findings of most Western research. However, as will be discussed later, there were differences in the accounts of the observable return to religion. For example, while many of the Western studies basically explain the value of religion as a coping mechanism for older people and little more, the present study maintains that older people did not see themselves as returning to religion only because it gave them comfort. In their case religion was perceived as an existential duty; something which, regardless of their situation, they should comply with.

One of the possible reasons for returning to religion during the later stages of life can be explained, as suggested by Koenig et al. (1993), by the fact that nursing home residents and older people in general face problems and difficulties which leave them depressed, anxious and lonely. As a result, they turn to religion for comfort, security and as a source of ways to deal with these problems. Nursing home residents in particular use religion to provide security, comfort, social support and status (Koenig

et al., 1993). Similarly, if we want to account for the attitude to religion of the participants in earlier days (referred to above as their 'non-practising religious orientation') we can interpret it as follows: that younger people or those in middle age are less likely to experience many types of stressful life events and they may, therefore, feel less need to turn to religion for comfort and security (Koenig et al., 1993). According to empirical research on religiosity, older respondents tend to score higher than middle-aged or younger participants on virtually all religious measures. Religious attitudes and practice showed a clear increase with age security (Koenig et al., 1993). Consistent with the findings of the above research, the present study reveals that, in terms of social and educational background, older people did not have adequate educational opportunities; instead they had a poorer socio-economic background, greater impairment of functions and status, more chronic illness and features long associated with mental illness (see Chapter 7 for details). Religion for them may represent an alternative, a resource which can be accessed more easily than most; i.e., attending religious services and institutions does not require formal education or high social status (Pargament, 1997).

Older men in the current study mentioned that during early adulthood, they did not have comfortable lives, but they had been happy and had enjoyed being young and fit, which could be considered a reason for their not having felt the need to turn to religion. As noted above, the participants in this study did not mention physical or psychological comfort as the only reasons for returning to the practice of religion. Instead they stated that there was something more than the gaining of comfort behind their becoming religious. They expressed the reasons in terms of their duty to accept and put into practice God's religious instruction and they believed in a Hereafter

where all of their actions would be judged. They summarised this by saying that their whole aim in life, like all Muslims, is to gain 'God's pleasure' (*Rida Allah*). They also firmly believed that having a long life is itself a blessing from God, which they should take as an opportunity to repent and ask His forgiveness. This is why they have become much more religiously conscious and aware as Muslims.

Religion as a Coping Mechanism

In addition, empirical studies of diverse groups facing major life stress indicate that religious coping methods have significant implications for well-being. People who report more spiritually-based coping also report better adjustment to life crises (Pargament, 1997). These studies, on the whole, suggest that religion can be a positive force for physical and mental health. For example, Pargament et al. (2001) examine whether the relationship between religious coping and well-being is moderated by the influence of religion on people's identity and social roles. This research suggests that people who invest more in their religion are likely to derive greater benefits from it. Positive religious coping is significantly associated with lower depression and greater religious satisfaction for those who practise more religious rituals. Although this study has many findings different from those in the available research, its findings indicate that the strong positive relationship observed in previous studies between religiosity and personal well-being and satisfaction are in line with the main findings of the present study.

Stuckey (2001) shows that older people with a specific physical condition use religion as a coping mechanism. In the current study many of the older people who were suffering from different physical and psychological illnesses also declared that

involvement with religious practice helped to ease their pain and made them feel better.

In the literature on ageing and well-being there is a suggestion that the notion of well-being can be understood in terms of the respondent's subjective feelings. Diener and Suh (1997), whose study was reviewed in Chapter 2, argue that the subjective feelings of older people could be a good indicator of their overall well-being. They add that religion involving religious practices enhances the well-being of older people in general. This finding is also consistent with the present research.

A study by Idler et al. (2001), found that although older people in the study sample did not regularly attend places of worship, they were closely involved with religious practice. In other words, although attendance at religious services declined among those who were nearing death, this group showed either stability or a small increase in the strength of their religious feeling and received comfort from religion. In the present study a similar observation was noted. Many older people in the study could not attend mosque services regularly, due to their ill health; however, most were personally involved with religious practices and felt closer to God, which made them feel more comfortable and improved their self-esteem.

Johnson (1995) reviewed research in the West on the issue of religion and ageing well and concluded that religious commitment is generally stable in later life. His review concluded that involvement in religious faith contributed to a feeling of well-being. In addition, religion seems to provide further resources for older adults in a modern society when other resources start to diminish. He recommends that people who are

working with older adults should have an understanding of the individual's personal faith development so that the religious sphere can be enriched (Johnson, 1995). Moberg (1996), in a similar study on religion and gerontology, concludes that the religious commitments and connections of older people provide rich opportunities for enhancing theory and improving services to increase their well-being. This is an observation which can equally confirm the findings of the present research.

A cross-cultural study by Mehta (1997) looked at the impact of religious beliefs and practices on ageing. He uses in-depth interviews and focus groups to generate data on these issues among Malays (Muslims), Hindus, Christians and Jains in Singapore. The study finds a positive influence of religion at the personal and social levels on the adjustment process in later life. Religion serves as an important thread of integration in old age, providing it had been part of a childhood socialisation process and had been sustained throughout adult life. The study finds that the Islamic teachings on interpersonal and social conduct assume great significance in the lives of older adults, especially as they consider themselves to be role models for younger generations. The research concludes that religious values, beliefs and traditions can provide a meaningful thread of integration which enhances the adjustment process.

The current study supports the findings of the previous research, showing the positive role played by religious faith in the search for meaning and purpose by older individuals. For example, Pargament (1997) argues that the religions of the world share this assumption. Though their visions differ, every tradition depicts a meaningful world and encourages its members to find a meaning in life. Pargament adds that many people look to religion for meaning and associate religious

involvement with a greater sense of purpose in life. Coleman (1986) also finds that people who have strong religious faith/belief are less likely to fear death. The present study finds that almost all of the participants were unafraid of death. On the contrary, they appeared quite comfortable about the prospect of death and were in fact looking forward to a better life afterwards. Most of them gave, as an important reason for not fearing death, the fact that the best person who ever lived, according to Muslims, was the Prophet Muhammad and if He died no Muslim should fear death. The experience of death will be a reunion with the Prophet. As can be seen, participants were not necessarily talking about the experience of death itself, but focusing on what was waiting for them after death, as they all devoutly believed that the life after death is the real life. Overall, the key Islamic tenet in understanding their outlook, as Pargament (1997) points out, is the belief that death is foreordained by God and one must submit to God's Will. This finding is consistent with the research carried out by Cox and Hammond (1988), who found that religion enhances individuals' ability to face death, to find meaning and accept loss, to mitigate loneliness and grief and find valuable support for later life.

In addition to using religion as a coping mechanism and a way of dealing with problems in life, it was observed that offering help to others also functioned as a coping mechanism. Some of the older men in this study pointed out that, owing to their religious beliefs, they felt the need and obligation to help others. Obviously, being in a physically and psychologically disadvantaged position, they could not offer much help. However, listening to others' problems and sharing their concerns was observed to be the main way of offering support to the needy. This finding is confirmed by other studies in the field. For instance, Pargament (1997) emphasises

that the offering of support is as relevant as the seeking of support. There are those who respond to stress by devoting themselves to others. The motivation for these altruistic acts may be at least partly religious. The current study found that some participants believed that defending or advocating the cause of powerless people (for example, workers) is one of their religious duties.

The function of religion as a coping mechanism, which is observed among the older men in this study, was expressed and carried out in different forms. Although faith in one transcendent being, God, was expressed as central to the participants' religiosity, engaging with prescribed rituals in Islam was the main way of actualising religion in their lives. The rituals, as mentioned in the previous chapter, involved first and foremost performing the obligatory and optional prayers. While obligatory prayers helped them to maintain a close relationship with God, private prayers helped them to compensate for the missed prayers in their earlier lives, which, in turn, helped them to feel secure and to get rid of the feeling of guilt. Reading the Qur'an and listening to religious programmes on the radio and TV helped them to cope with the problems in their lives and increased their overall self-esteem and personal well-being. Similarly, frequently invoking God's name, begging His forgiveness, meditating and strengthening their relationship with God in turn increased their feelings of security and confidence. Practising one of the most important religious values in Islam, namely *patience*, which was the experience of many of the participants, was found by them to be an important mechanism in coping with difficulties in life. Moreover, they practised this virtue because they believed by doing so they were emulating the Prophet's example, which in turn would gain them God's reward. The religious promise of achieving a better life in the Hereafter made them not regret having led a

vulnerable, uncomfortable life in this world. Religion made them feel that this life is temporary; Muslims should look forward to the Hereafter by being patient under life's difficulties and following God's will, thereby becoming eligible for a qualitatively better life in the Hereafter. This is obviously the paradise which Islamic teachings promise.

Religiosity as a Response to God's Religious Call

As can be seen in this research, religion in the lives of older men was found to be functioning as a coping mechanism, i.e., overcoming stress, finding comfort and self-esteem, etc. However, consistent with Pargament's (1997) view, which emphasises that religion is more than a way of coping with stress, it should be pointed out that these findings should not be taken to suggest that religion attracts people only when they are under stress or are having physical or psychological problems. This would be a "reductionist" conclusion, which would not account for the fact that many healthy and normal people are also engaged in religious practices. In this study, although it may seem as though the participants' diverse religious practices were intended to overcome the difficulties in their lives, if these practices are explored in depth, the participants described the actual reason behind their being religious as arising out of their feelings of duty to God's religious call. As was discussed in Chapter 4, the word "Islam" means submission to the will of God and "Muslim" means one who submits. In other words, they all believe that, regardless of their situation Muslims must obey the commands of the God throughout life. They firmly believe that the ultimate duty in life is to recognise their Creator, being grateful for His favours and grace and naturally worshipping Him. Above all, they all believe that all lives, including their own, are ordained by God's everlasting power and nothing escapes His will. Thus, whatever they have experienced and will experience comes from God and they should

accept it wholeheartedly. If these experiences turn out to be negative, as in some cases, they believe that they should be seen as a test which they should do their best to pass, for this life is temporary and short. The real life is in the Hereafter. The participants believe that God creates them mainly to worship Him in this life. Therefore, they should worship Him as much as they can. What is more, they should always have the intention in anything they do of doing it for the sake of God. Ultimately, religion as Pargament (1997) concludes, appears to offer a response to the problem of human insufficiency. Humans are limited creatures and always remain vulnerable. To this most basic of existential crises, religion offers solutions.

Conclusion

This chapter has discussed and interpreted the main findings of the study. This critical discussion has been carried out by classifying the research findings into interrelated themes. Data were generated on the role of religion in the lives of a selected group of older men in two nursing homes in Saudi Arabia. A positive relation was found between ageing and engagement with religious practices. In other words, participants have become more religious as they grew older. Increased awareness of having come to the last stage of their lives, combined with declining physical and psychological health, appeared to be orientating them towards religious practice. This development in their lives can be described as a greater seriousness in carrying out their religious duties and obligations, for they had always been believers even though they failed to engage in these practices during their childhood and youth. It was observed that engaging with diverse religious practices made the participants feel better, lessened their stress and helped them adjust to the difficult conditions of their lives at present. Thus, in functional terms, religion appeared to be facilitating a

coping mechanism for them. However, participants were keen to stress that it is Muslims' duty to believe in God, no matter what kind of conditions they may be in. The key findings of the present study, which show positive relationships between ageing and becoming religious and between religion and well-being/ageing well, are consistent with the findings of previous studies in the field.

In summary, the findings in Chapters 7 and 8 and their discussion in this chapter may be said to have helped in achieving the study's aims and objectives and this has helped to answer the research questions (see Chapter 1).

The final chapter will provide a conclusion to the study. It contains a summary of the study findings, an analysis of the implications of the study and some recommendations which may be regarded as suggestions for contributing to the development or improvement of the quality of older people's lives in Saudi nursing homes.

CHAPTER TEN

Conclusion

Introduction

The present study aimed to explore the role of religious beliefs and practice in the experience of a selected group of older men in two nursing homes in the western region of Saudi Arabia. Furthermore, the research investigated other related questions: did older men in nursing homes maintain the current level of their religiosity or become more or less religious as they grew older, and why? How did they define/interpret religion in their lives? Finally, why did they engage in religious practices and what forms did these practices take?

The above aims and research questions were investigated by adopting a general qualitative research methodology which used principles derived from Wengraf's (2001) Biographic-Narrative strategy for data collection. It also used a data analysis procedure recommended by Creswell (2003) (see Chapter 5), which did not use the biographical method. It used content analysis thematically, by means of manual analysis. The findings of the study were discussed within the wider framework of the research questions and relevant previous literature (see Chapter 9).

This final chapter is about the contribution which my study may be said to make empirically, methodologically and in relation to policy and practice. It also includes recommendations and suggestions for future work. This study is intended to make an original contribution to improving the quality of life and provision of care for older people living in Saudi nursing homes. It is hoped that the study findings and

recommendations will help policy-makers to improve the provision of care for older people in particular and social work in general.

The Study's Contribution

Key Empirical Findings

As was discussed in Chapter 8, the study found that religion (Islam) plays an important role in the daily lives of older people in the nursing homes in question. It was observed that nearly all the participants engaged in different Islamic religious practices, such as performing obligatory and additional prayers (ṣalah), reciting/listening to the Qur'an and religious programmes in the media and in everyday activities, such as invoking God's name frequently. Moreover, participants' religious practices were noted in relation to the physical arrangements of their accommodation. For example, they all had a copy of the Qur'an by their bedside and possessed prayer mats and rosaries with which to meditate.

The study revealed that, at the personal level, all participants aimed at strengthening their relationship with God by carrying out religious practices. What was crucial in their lives was their need to gain God's pleasure and their hope of obtaining a better place in the Hereafter, which they asserted to be the real life. They firmly believed in the teaching of Islam, emphasising their profound belief in God, predestination and the Hereafter.

One of the main findings was that participants gradually moved towards religion in their later life. Most have always defined themselves as Muslims, although they were not fully practising Muslims during their youth and early adulthood. For them old age marked an increased involvement with religion. They provided different reasons for

not being serious about religion in the early part of their lives, such as lacking adequate knowledge and guidance, struggling with earning a living and feeling that they would always have more opportunity to return to religion. Similarly, they said that they had returned to religion because they were near to death and they also found that religion provided comfort in the face of the many physical and psychological difficulties which they were experiencing. Being older and living in a nursing home meant that they did not have much to do; they also had to deal with problems of stress, isolation and loneliness. Religion for them provided a source of comfort and helped them cope with these difficulties. However, participants strongly emphasised that being religious in Islam, particularly at their age, was an obligation for them. They felt that there was no excuse to ignore religious duties. In this belief they used the religious framework to make sense of their life in its totality, i.e., they devoutly believed that their lives had always been in the hands of God (*predestination*). Thus, being older, ill and in pain were not the only reasons for them to return to religion. They felt deeply that it was their duty to respond to God's call and do their best in old age to compensate for what they had failed to do before. In this sense they felt lucky to have reached such an age, for they interpreted it as a chance from God to complete their religious duty before their journey to eternal life began.

The findings of the present research were consistent with those of the available cross-cultural literature, which show that older people tend to return to religion and that there is a positive association between old age and becoming religious. It should be stressed that, in this study, the participants avowed that they had always believed in Islam and were never agnostic or irreligious people. What increased in old age was their commitment and seriousness in obeying religious teachings and engaging in

religious practices. Overall, the research found religious functions to be a coping mechanism for older people, providing them with hope and inspiration. It was observed that an important part of this coping mechanism was the fact that obligatory prayers provided a structured routine for their day-to-day activities, hence helping them to overcome boredom and anxiety (see Chapter 6 for details).

Methodology of the Study

A brief summary of the methodology of the study will be provided in this section. (The reasons for using it and its advantages and disadvantages were discussed in Chapter 5.)

A qualitative approach was employed with the older people in the two nursing homes, using the Biographic-Narrative-Interpretive method suggested by Wengraf and also observation. This Biographic-Narrative-Interpretive method interview is composed of three sub-sessions. In the first one, the interviewer asks a single initial question to elicit the full narrative and indicates that there will be no interruptions or helpful prompts. The second sub-session occurs relatively soon after the first and can perhaps best follow after a 15-minute break, while the third sub-session requires at least a preliminary analysis of the results of the first two. The need for the third sub-session is variable; as Wengraf (2001) points out, it is always useful but may not always be necessary. I used this session to generate more in-depth information about the issues raised in the study. I found Wengraf's approach was a very useful methodological framework when researching sensitive areas, such as the exploration of the role of religion in people's lives. The methodology was flexible enough to motivate participants to share with me their feelings, views and experiences with religion. It

also helped me to build a good relationship with participants, because the interviews were carried out in informal meetings.

The usefulness of the Biographic-Narrative-Interpretive method interview was obvious through the rich amount of data provided by the participants. However, the approach to data analysis in this method was dense/complex and difficult to employ (see Chapter 5 for more details). Therefore, I found that the steps suggested by Creswell were useful techniques for data analysis, as they were much more direct. These steps are as follows:

- 1) Organise and prepare the data for analysis. This involves transcribing interviews, typing up field notes and arranging the data into different types.
- 2) Read through all the data, making marginal notes or recording general thoughts about the data.
- 3) Begin detailed analysis with a coding process. This involves taking text data and segmenting sentences (or paragraphs).
- 4) Use the coding process to generate descriptions of the setting or people, as well as the categories or themes for analysis.
- 5) Use a narrative passage to convey the findings of the analysis.
- 6) As a final step in data analysis, construct an interpretation or meaning from the data.

Since I belonged to the same cultural background as the research participants, I used my own experience and skills to interpret the research findings. As suggested by Creswell's data analysis procedure, further insights and meanings were derived from

comparing the findings with information gleaned from the literature or extant theories in the field. In this way, the study revealed some elements common to the findings of previous studies and others which suggested or developed new understandings in the explored topic.

I found that the data collection/analysis techniques suggested by Wengraf and Creswell are very useful and complement each other. In my opinion, the data collected by the Biographic-Narrative method interviews require a flexible and transparent data analysis technique, such as the one proposed by Creswell. In turn, this technique of analysis requires a rich type of data which can be obtained through the Biographic-Narrative method of interviewing.

Using the qualitative approach offered by the Biographic-Narrative method of interviewing allowed me to probe the experiences of the participants. This approach also enabled me to observe what actually takes place in the daily activities of the two nursing homes involved. According to Bell (1993), the whole process helps the interviewer to understand certain courses of action adopted by the organisations or people being investigated. Bell argues that the process of this kind of in-depth interviewing allows the interviewer to concentrate on specific situations and to attempt to identify the various interactive processes at work, an outcome which cannot be achieved using other techniques. This approach helped me to understand the experience of the older people in nursing homes. I was also helped to obtain a better understanding of the dynamics of the nursing homes through additional interviews with the managers and social workers.

On the basis of my experience in this study, I would name its time-consuming nature as the main disadvantage of using the qualitative method and this technique of data collection. Eliciting suitable information for the study by the Biographic-Narrative-Interpretive method takes a very long time. There are some other aspects which I would prefer to call requirements but not disadvantages. For example, this technique requires interviewers to be well trained in establishing a rapport with participants and using and interpreting body language. It also requires interviewers to be familiar with the language and the culture of the participants. If the study is conducted in an institution or organisation, this technique requires interviewers to build a good relationship not only with the participants, but also with all the people who work in these institutions or organisations, as they will need to visit these people every day for a long time. Good relationships with the staff make it easier for the interviewers to have access to various kinds of information from documents or files and help them to have informal conversations with people containing details which would not be revealed in a formal situation.

Contribution and Implications

The contribution made by the present research can be summarised as follows. The study is, to the best of my knowledge, the first of its kind to be undertaken in Saudi Arabia. Based upon its findings, the study has added a great deal of information about one aspect of older men's lives, that is, the role of religion in their life in a Saudi nursing home. It has, therefore, filled one of the gaps in the existing research in Saudi Arabia.

The study provided *empirical data* on the religious lives of older men in nursing homes in an Islamic culture (that of Saudi Arabia). The role of religion has been recognised in studies of older people's lives. However, due to the weight of cultural and religious differences, this has not been well documented in the literature. For example, although theories of ageing and religion have been acknowledged and applied in practice and in research settings, their application has not been closely investigated beyond the boundaries of Western societies. Most of the research exploring the role of religion in older people's lives has been conducted in Western, mainly Christian, societies. In this sense, my study will be helpful for social researchers who are interested in exploring further the role of religion in the lives of older Muslim people in Islamic or even non-Islamic countries.

In Saudi Arabia, however, the study of religion in relation to older people is confined largely to normative studies (from the perspective of classical Islamic studies, which are largely theological) and there has been no empirical social scientific research on religion in older peoples lives. As one such study, the present research makes a methodological contribution to the development of the empirical study of religion (Islam) among older people in Saudi Arabia through its employment of a qualitative methodology, especially the use of in-depth semi-structured interviews. It is hoped that the study will be beneficial in emphasising the importance of qualitative research methods, since few of the social work studies in Saudi Arabia, or elsewhere in the Arab world, make use of such an approach.

The findings of the current study might be of greater value if a comparable study could be conducted on both men and women in other countries which have different

social, economic and cultural conditions, in order to see if the results were similar. It is hoped that the findings reported in this study will encourage other researchers to explore further the role of religion in older peoples' lives around the globe, since the numbers of older people around the world are growing (see Chapter 3) and issues of religious and spiritual belief in later life will take on a new importance.

At the policy and practice level, the study draws attention to the importance of taking into account the religious sensitivity of older people in nursing homes in Saudi Arabia. Generally speaking, because Saudi Arabian society is based on Islamic values (see Chapters 3 and 4), policy-makers assume that religion is part of older people's lives and its effect is obvious. Hence they ignore the possibility of investigating exactly how religion informs the lives of older people and, most importantly, how religion can be used as a method and resource by means of which social workers, counsellors and other professionals can assist older people in helping themselves and coping with the difficulties and changes associated with old age.

Although the nature of qualitative study obviously precludes generalisation, the result of this study, it is hoped, can benefit not only those in Saudi nursing homes, but also Muslims in the whole of the Middle East region and have a good effect on the care of men in other residential homes in Islamic societies and on the Muslim elderly in homes in any society. This is because Muslims, wherever they are, believe in the Qur'an, the articles of faith and the pillars of Islam (see Chapter 4 for more information). In addition, the consistency of the general themes identified in this study (see Chapter 8) may provide reasons for thinking that these themes may be very important for other nursing homes in the region and for Muslims in any society.

Among the implications for the older men studied are that as one moves toward more advanced years, it is important to reflect on and resolve past issues, as Erikson (1982) clearly emphasises in his work (see Chapters 2 and 9). Those who work with older people need to give greater recognition to the need to reflect on and explore spiritual or religious issues and they should provide opportunities for such reflection. Many activities, both group and individual, can be used to encourage the process of re-living meaningful experiences and reflecting on unresolved issues. Shared experiences with trained caregivers, peers and/or counsellors can produce opportunities to re-work and find meaning in the past (Eggers, 2003). The identification of spiritual or religious needs is now recognised to be an important part of health and social care assessment. It is hoped that this research will contribute to the development of improved training for assessors and the use of more sophisticated procedures in practice.

Recommendations

Improving Older People's Lives and Provision in Saudi Nursing Homes

The Saudi Arabian constitution acknowledges that the Saudi State and society must follow Islamic values in all aspects of life (see Chapters 3 and 4). One important Islamic value is to provide care for the older generation within the family and the community and to treat them with respect. Accordingly, policy-makers should facilitate the practice of this important social concern by addressing two tasks. The first is to help older people to be cared for outside nursing homes wherever possible and the second is to improve the general provision in nursing homes for the sake of those who are compelled to live in them for reasons beyond their control.

The first task could be achieved by implementing the following recommendations:

- Supporting families and caregivers financially and morally in looking after older people who need care and support at home. Families, children and relatives must be supported so that they do not perceive their parents as a burden.
- Helping older people who are being looked after by their children by providing them with healthcare support through regular visits and check-ups by social workers and medical professionals (nurses).
- Providing further essential facilities, such as meals, for those who have difficulty cooking for themselves.
- Allowing children who look after parents and work full-time to have days off from their work to provide better care for their families.
- Reducing the workload of children who have parents to look after.
- Building day care centres where older people could go during the day, partly in the interests of children whose lives are already demanding. This option, if implemented, would be better suited to Saudi Arabian society than are nursing homes. This is because it would give older people more access to their children or relatives and the community than nursing homes would and would prevent the sense of isolation brought on by staying in a nursing home for a long time.
- Making the public aware through the media of the growing need to consider appropriate care for the older people in Saudi Arabia.

The second task for policy makers would be to improve the general provisions for nursing homes (see above) by implementing the following recommendations which offer some guidelines or starting points to assist the residents in developing and maintaining meaningful religious practices:

- Staff should learn about residents' religious practices. Upon admission, prospective residents (or their surrogates) should be asked about religious practices, whether and how often they attend religious services and how important religion is to them – periodically, discussion should be held to get resident input about religious activities.
- In the nursing homes, older people should have better religious facilities, such as a good library containing different sources of religious knowledge; they should operate, through congregational prayers, facilities for interacting with the community; nursing homes close to the community should be rented or built; and easy public access to nursing homes should be secured.
- The community should be involved by inviting volunteers from local mosques to lead religious activities, such as reciting the Qur'an and helping with social and recreational activities or the activities of everyday life.
- Social workers, counsellors and the staff as a whole should be aware of the importance of the religious dimension in the lives of older people.
- There must be more co-operation between the Ministry of Labour and Social Affairs (which is responsible for the management of nursing homes) and the universities, to encourage further academic research on different aspects of older people's lives, including different dimensions of religion/spirituality.
- Co-operation from the Ministry of Labour and Social Affairs should be extended to the Ministry of Islamic Affairs in Saudi Arabia so as to facilitate better religious and spiritual support programmes for older people in the nursing homes.

General Recommendations for Improving the Quality of Older People's Lives in Nursing Homes

As it was shown in Chapters 6 and 7, participants in the present study spend a great deal of their time with little or nothing to do. They need programmes or activities which can help them to make life in nursing homes more engaging and meaningful. Consistent with this finding, a study carried out by Alsadhan (2000) demonstrates that many older people who live in Saudi nursing homes complained about a feeling of isolation. They believe as Alsadhan points out, that they are living as if in a different world (see Chapter 3). Therefore, it is important to briefly discuss provisions related to improving the quality of life among older people in nursing homes.

The recommendations in this section are general in nature and reflect the views of some Western studies on improving the quality of life for older people in nursing homes. Benefits can be gained from the recommendations in these studies, as the establishment of nursing homes is relatively new in Saudi Arabia and is based on the Western social welfare system for older people. In fact, the present study was conducted in a department of a Western university which has some specialisms in research on the care appropriate for older people.

For example, Ice (2002) argues that activities are thought to be important components of quality of life and are believed to help residents overcome learned helplessness and instrumental passivity. Evans (1994) also emphasises that social activities or programmes, including religious activities, may help older people to enhance their quality of life and protect them from harming themselves. Evans argues that people who participate in some social activity programmes, such as religious activities, can

improve their social networks and increase their quality of life and self-esteem. He adds that there are very many opportunities for a nursing facility to keep residents busy and feeling fulfilled: outings to restaurants, park picnics, shopping and other facility-sponsored activities and entertainment.

Nursing home residents need some programmes or activities which connect them with other people outside the nursing homes. For example, Ice (2002) suggests fostering interaction between the larger community and nursing homes. She indicates that some colleges in the USA have “adopt-a-grandparent” programmes, which match students to isolated older people in the community. Similar programmes might be used for long-term care residents. Ice adds that at the Chase Memorial Nursing Home in upstate New York, the “Eden Alternative” was developed. The nursing home was seen as a human ecosystem. An integral part of this ecosystem is a variety of birds (at least one in the room of every resident who wanted one). In addition, numerous plants were distributed around the facility, including resident’s rooms, as well as an extensive outside flower and vegetable garden. A child day-care programme was on the premises and there were school and summer programmes to maintain the constant presence of children in the facility. Thus, residents have numerous interactions with and responsibilities for birds, plants and children. In addition, they have more interaction with staff because staff had to enter residents’ rooms frequently to tend to plants and birds.

Trained professionals are needed in the Saudi nursing homes to help those residents who are feeling abandoned, depressed, resentful or simply angry, to cope with and overcome these feelings. They should also undertake direct communication with their

clients to help them adjust to the changes in their lives caused through illness (Carr and Parsons, 1994). In addition, Ory and Cox (1994) emphasise maintaining or even improving the strength, mobility, balance and endurance of older people to preserve their capacity to carry out normal everyday activities and reduce the risks of falls and other associated trauma. They recommend components of a healthy lifestyle, such as regular exercise, a sensible diet and the avoidance of other risk factors such as smoking and excessive drinking. In particular, regular exercise, such as brisk walking, is also seen as indispensable. Some older people may tend to dismiss aches and pains, insomnia, incontinence and other complaints as a natural part of ageing. Therefore, they may have to be encouraged to seek medical advice (for prevention as well as intervention). This is a good example of the way in which quality of life is dependent on the perceptions of both the client and the professional (Romney et al., 1994).

All these programmes or activities may help older people to improve their quality of life. A nursing facility which is doing what it should will take every opportunity to give all residents the opportunity and encouragement to live life to its fullest (Greet, 1997).

Suggestions for Further Study

Through its summary, implications and recommendations, the present study has, it is hoped, shown the need for future research to be undertaken in the field of social studies in relation to older people and religion. For example, further extensive and in-depth studies are required relating to the role of religion in older women and men's lives in other Saudi nursing homes and in the lives of non-institutional older people,

in order to obtain findings which may be compared and contrasted with the findings and conclusions of the present study. Research in the West has suggested that religious beliefs and practices have a positive effect on quality of life in older people (Levin, 1994). The present study has shown that this holds true for a group of men in two nursing homes in Saudi Arabia. However, further research on older women in Saudi Arabia and in other Muslim countries is needed, to see whether religious affiliation and religious practice are positively correlated with ageing and well-being among different sections of the community and in different countries in the region and elsewhere. With the current trend of globalisation, more concern should be given to the importance of knowledge transfer from one country to another.

In conclusion, the religious beliefs and practices shared by the participants in this study have proved to be a significant dimension of their quality of life. They appear to play an immensely large role in shaping the behaviour of these participants. Therefore, further research in the field of religion and quality of life seems not merely appropriate but necessary.

APPENDICES

APPENDIX A
Social Work in Saudi Arabia

Social Work in Saudi Arabia: A Historical Background

Social work practice in Saudi Arabia dates back to 1954 when the building of a Juvenile Care Home was established and juvenile care was instituted. This was followed by the introduction of social work in schools in 1955 (Al-Saud, 1996). The development of rural and urban communities, with healthcare and family, childhood and other forms of care, however, did not start until 1980. Although social work in Saudi Arabia was introduced some years ago, the implementation of modern techniques dates back only to 1960 when the Ministry of Labour and Social Affairs was founded (Ministry of Labour and Social Affairs, 1990).

Social work education started at the assistants' level, when the Ministry of Labour and Social Affairs opened an intermediate institute in 1962. This institute admitted holders of the Intermediate Competency Certificate and prepared them to work in social care and development. Many groups have graduated from this institute (Al-Saud, 1996, p.25).

With the development of education in Saudi Arabia, Social Sciences Departments were established throughout the Kingdom's universities. Social workers of both sexes graduated from these departments and have been and continue to be recruited for all aspects of social work. This was followed by the establishment of postgraduate studies in social work at the King Saud University, Imam Mohammed bin Saud University and Umm Al-Qura University and also in the Higher Institute of Social Work for Girls (Al-Saud, 1996, pp. 25-26).

There have been serious and comprehensive attempts to develop and integrate social work in Saudi Arabia in order to help individuals and/or communities who need help. It should be noted that social work in Saudi Arabia is thought to have been widely influenced by the Western system. For example, Al-Saud (1996, p. 26, p. 73) reveals that many less developed countries have been influenced by the Western model of social work. He adds that, despite the cultural differences between Western societies and some less developed societies, the latter have adopted and introduced the reform programmes, social care programmes and systems of social work training and qualifications used by Western industrial society in general.

Developments and Preparation of Social Work in Saudi Arabia

Professional preparation in social work is the formation of the professional identity of the social worker, whereby students are taught the fundamentals of the profession and are acquainted with sound attitudes in the field of professional interaction (Al-Saud, 1996, p. 139).

It is undeniable that a practitioner in any distinguished profession should be adequately prepared so as to perform the tasks and duties of the job precisely and skilfully. However, it frequently happens that society overlooks the level of preparation for certain jobs, especially when these jobs are new to that society (Al-Harouni, 1977).

Social work in its formative phases was practised through voluntary efforts, but has now become a specialised, academic profession, whose practice is governed by

disciplined, academic rules which make it capable of creating the required changes, at individual, group and community levels (Al-Saud, 1996, p. 139).

It is well established that the general goal of social work is the continuous advancement of the quality of life of individuals, groups and communities, together with the creation of satisfactory relationships and the adjustment of external variables, in order to achieve the best possible standard of welfare. The processes of change occur through three methods of social work: casework, social group work and social organisation (in the United States there are now two methods: administrative and clinical social work). Each method has its own principles established by practical experience. Social workers represent the medium through which the fruits of social work are transmitted to the beneficiaries by the different practising establishments (Khattir, 1997). Saudi Arabia has paid its utmost attention to teaching and training in social work, as is also the case in some other less developed countries, in order to prepare a large number of social work graduates to work in various fields of the profession.

Social work is a sensitive profession, since it explores both the strong and weak aspects of people's lives and personalities. It also explores people's problems, secrets and privacy. In the view of Al-Harouni (1977), social work is not, as some people think, an easy profession which can be undertaken as long as the person who practises it is highly educated, irrespective of his or her specialism. It is also a profession which should not be underrated as a result of being so firmly established. Accordingly, this profession requires a high degree of professional preparation and it is no exaggeration to say that one of the principles of the social work profession is

that no one should practise it unless they have been adequately prepared (Al-Harouni, pp. 45-46). This means they should have received training which incorporates the provision of academic knowledge, practical implementations through a condensed theoretical curriculum and field training under the supervision of specialised agencies which are recognised by society (Barker, 1987). Saudi Arabia is one of the less-developed countries to have shown concern with this issue; it has established academic centres for teaching social work to prepare social workers (Al-Saud, 1996).

Professional Training of Social Workers

The Saudi government gave its attention to teaching social work and to the preparation of a large number of social workers to take up posts in various fields of the profession. Teaching social work in Saudi Arabia was primarily at assistants' level. For example, unpublished reports prepared by the Ministry of Labour and Social Affairs indicate that the Ministry opened a secondary institute for social work in 1962, in which intermediate education graduates were trained on social work subjects. The emphasis was on the three methods of social work (individual, group and community organisation), in addition to courses in psychology, sociology, administration, economics, the Arabic and English languages and Islamic Education. Moreover, students obtained field training in various social institutions and the Development Centre at Dar'iyyah. Study took the form of an evening session; a morning session was also introduced. Eight groups, comprising 189 students, graduated from the institute and they covered the requirements of all the social institutions of native practitioners (Al-Saud, 1996).

Social Work in Saudi Universities

With the development of education in Saudi Arabia, attention turned to teaching social work at an academic level, which matched international trends in social work education. At present, social sciences, including social work, are taught at four higher education institutions, as follows:

King Saud University

King Saud University was founded in 1957 with the College of Arts as its first college (Arab Education Bureau of the Gulf States, 1985). A Social Sciences department in this university was established in 1973 and study started during the academic year 1973-1974 (Riyadh University, 1975). The curriculum is based on specialisation in theoretical and applied social studies, with special reference to the Islamic principle and a focus on community issues. In the first two years students are taught common subjects of sociology and social work and specialisation starts at the third year in two sections, Sociology and Social Work.

A credit hour system was introduced during 1974/1975, in which students have to gain 120 credits during eight semesters. Due to the importance of field training in social sciences, a field-training unit was established to link the theoretical and applied aspects of social studies and to provide practical skills as a solid foundation for future practice. A Social Research unit was then created to be a link between the University and society (Al-Shahrani, 2003).

Compulsory courses provided by the Social Work section add up to a total of thirty credit hours and include: Training, Labour Social Work, Individual Services, Group Services and Community Services, as well as a field training course (Al-Saud, 1996).

Higher studies leading to the MA in Social Sciences started in 1978/1979, after which two students (male and female) graduated in 1980/1981. Since then, a large number of postgraduate students have passed this course (Al-Shahrani, 2003).

The number of Saudi students who have graduated from the Social Sciences Department increased from sixteen students in 1976/77 (10 female students and 6 male students) to 132 students in 1986/87 (78 female and 54 male students) (Al-Saud, 1996). This represents an eight-fold increase in the number of students within this ten-year period.

Imam Mohammed bin Saud Islamic University

This university was established in 1975 as a higher educational and cultural institution. The College of Social Sciences became independent of the College of Arabic Language in 1976. The College of Social Sciences consists of six departments, one of which is the Sociology Department (Arab Education Bureau of the Gulf States, 1985).

Social Work was a section of the Sociology Department before becoming a department in its own right in 1979/1980. The academic year 1984/1985 is regarded as the starting point for teaching in the Social Work Department. This department grants a first degree and a specialised diploma in Social Work. The department consists of the Unit of Training and Social Work Research, which itself includes a Training Section and a Social Work Research Section (Al-Shahrani, 2003).

Study in this department is based on the academic year system. Students are required to study for four academic years (eight semesters) in order to obtain the Bachelor's

Degree in Social Sciences. In addition to the theoretical courses, students have to undertake practical field training in social work institutions (internship) (Al-Saud, 1996).

The number of Saudi students who graduated from the Social Sciences Department in this university increased from five students in 1980/81 to twenty-seven students in 1986/87. This represents more than a five-fold increase in the number of students in this seven-year period (Al-Shahrani, 2003).

Umm al-Qura University (my university)

Umm al-Qura University in Makkah, established in 1981, consists of many colleges, including the College of Social Sciences, which has a Social Work Department. Nowadays most of the academic staff in this department, both male and female, are Saudis. Non-Saudis come from some Arabic countries, such as Egypt and Sudan. This department offers a four-year programme leading to a Bachelor's degree in Social Work (Umm al-Qura University, 1990).

The Department of Social Work at Umm al-Qura University has objectives which include the following (Umm al-Qura University, 1990):

1. Preparing students to resolve problems and issues in the field of social work and within the context of the Saudi community, by implementing scientific field research;
2. Teaching students the professional and technical principles of social work within the context of Islamic concepts;

3. Preparing qualified graduates to serve the Saudi community in institutions of social work, for example, social welfare centres, schools, hospitals, factories, etc;
4. Training postgraduates interested in social work, free of charge;
5. Helping and advising all agencies involved in the field of social work.

Higher Institute of Social Work for Girls

This institute is administered by the General Presidency for Girls' Education. Its four-year course was established in the academic year 1975/1976 and, until the adoption of a new plan in 1985/1986, consisted of two stages: an intermediate stage covering the first two years, after which students were granted the Diploma in Social Work, and a senior stage covering the last two years, after which students were granted the Bachelor's Degree in Social Work. Higher studies started in 1980/1981, with eight students on the Master's course in the following specialisations: individual services, group services, the organisation of society and social planning (Al-Shahrani, 2003).

Until 1985, the study plan was based on two courses, a two-year course leading to the Diploma Degree and a four-year course leading to the Bachelor's Degree. The Diploma Course was abolished in 1985/1986. The new Bachelor's Degree course includes only four theoretical hours on social work in the psychological and medical field (Al-Saud, 1996).

In summary, Social Work Departments in Saudi Universities try to provide students with comprehensive training programmes to prepare them for jobs in any field of social work. For example, Al-Saud (1996) indicates that the social work educational

curricula in Arab countries in general and in Saudi Arabia in particular are comprehensive with respect to training and preparing social workers to use various methodologies without the need to specialise in any methodology. This, as Al-Saud asserts, can allow social workers to obtain theoretical and applied principles in all methodologies, which enables them to choose any of these methodologies and to select all or any in accordance with the requirements of a particular situation.

APPENDIX B
Letters requesting permission to conduct the study

In the name of Allah, must gracious, most merciful

Emblem

N. 137/1

Date: 18 Jumada Al-Awwal 1423 AH*28/7/2002

**The Kingdom of Saudi Arabia
Ministry of Higher Education**

Umm Al-Qura University

The Manager,
Altaif Nursing Home
Dear Sir

May the peace of Allah be upon you.

I am writing as head of the social work department.

As you will be aware, Mr Khalid Saud Alshareef is one of the faculty members in the Department of Social Work at Umm Al-Qura University. He is in Saudi Arabia now to complete his fieldwork and gather some information for his study entitled 'The role of religion in older people's lives in nursing homes' as a requirement for the PhD. degree at the University of Warwick in the UK.

I would be grateful if you would provide him with assistance and access so that he can collect sufficient data for his study.

Yours sincerely,

Signature

Mohammed Saed Al-zahrani

Stamp of
Department of Social work

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

الرقم: ٨٨/٧٨٨
التاريخ: ٨٨/٥/٩٧
المشروعات: ...



المملكة العربية السعودية
وزارة التعليم العالي
جامعة أم القرى

حفظه الله

سعادة مدير دار الرعاية الاجتماعية بمكة المكرمة

السلام عليكم ورحمة الله وبركاته...

يسرني أفادتكم بأن المبتعث/ خالد بن سعود الشريف أحد أعضاء هيئة التدريس بالقسم يقوم حالياً بإعداد دراسة ميدانية بعنوان "تأثير الدين على كبار السن القاطنين بدور الرعاية الاجتماعية بالمملكة العربية السعودية" وذلك كمتطلب تكميلي للحصول على درجة الدكتوراة من جامعة ورك ببريطانيا.

أمل من سعادتكم التكرم بتعميد من يلزم لتقديم كافة المساعدة والتسهيلات اللازمة لكي يتمكن من جمع المادة العلمية المتعلقة بموضوع دراسته.

تقبلوا خالص الشكر والتقدير سلفاً لكرم تجاوبكم وتعاونكم...

رئيس قسم الخدمة الاجتماعية

د/ محمد بن سعود سعد الله الزهراني



Umm Al - Qura University
Makkah Al Mukaramah P.O. Box 715
Chief Officer Umm Al - Qura, Makkah
Tlx 54075 Jammia SJ
Fax 5564360
Tel - 02 - 5574644 (10 Lines)

جامعة أم القرى
مكة المكرمة - ٧١٥
رئيسة جامعة أم القرى مكة
الكس عربي ٥٥٠٥١ م - مكة
فاكس ٥٥٦٤٣٦٠
هاتف ٥٥٧٤٦٤٤ (١٠ خطوط)

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

الرقم: ١٢٧ / ٤٢
التاريخ: ١٨ / ٥ / ١٤٣٥ هـ
المشروعات: ...



المملكة العربية السعودية
وزارة التعليم العالي
جامعة أم القرى

حفظه الله

معادة مدير دار الرعاية الاجتماعية بالطائف

السلام عليكم ورحمة الله وبركاته...

يسرني أفاذككم بأن المبتعث/ خالد بن سعود الشريف أحد أعضاء هيئة التدريس بالتفصيل يقوم حالياً بإعداد دراسة ميدانية بعنوان "تأثير الدين على كبار السن القاطنين بدور الرعاية الاجتماعية بالمملكة العربية السعودية" وذلك كمتطلب تكميلي للحصول على درجة الدكتوراة من جامعة ورك بيريطانيا.

أمل من مساعدتكم التكرم بتعديد من يلزم لتقديم كافة المساعدة والتسهيلات اللازمة لكي يتمكن من جمع المادة العلمية المتعلقة بموضوع دراسته.

تقبلوا خالص الشكر والتقدير سلفاً لكريم تجاوبكم وتعاونكم...

رئيس قسم الخدمة الاجتماعية

د/ محمد بن سعيد سعد الله الزهراني



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Cairo Gamat Umm Al-Qura, Mekkan
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Tel: 02 - 5874644 (10 Lines)

جامعة أم القرى
مكة المكرمة - ب. ٧١٣
براقا : جامعة أم القرى مكة
تلكر: ٥٠٠٢٦ م. ك. جامعة
فاكس: ٥٠٠٢٦
هاتف: ٥٨٧٤٦٤٤ (١٠ خطا)

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

المملكة العربية السعودية

بشيرة



سلمه الله

سعادة مدير الرعاية الاجتماعية للمسنين - مدينة مكة المكرمة

السلام عليكم ورحمة الله وبركاته وبعد ،،،

بطلب لي أن أعبر لسعادتكم عن تقدير القسم لحسن التعاون الذي أبدىتموه من خلال تسهيل مهمة مبتعث القسم الأستاذ / خالد بن سعود الشريف خلال الرحلة العلمية التي قام بها لجمع المعلومات المتعلقة بدراسة الدكتوراة الموسومة "تأثير الدين على كبار السن القاطنين بدور الرعاية الاجتماعية بالمملكة العربية السعودية". متمنيا أن يستمر التعاون بين قسم الخدمة الاجتماعية ودار الرعاية الاجتماعية في المستقبل.

ولسعادتكم وأقر التقدير والاحترام ،،،

رئيس قسم الخدمة الاجتماعية

د / محمد بن مفرح القرشي

معلومات شخصية: الاسم: محمد بن مفرح القرشي، التوقيع: محمد بن مفرح القرشي، الرقم: 1010101010، التاريخ: 1430/01/01، المكان: مكة المكرمة.

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

المملكة العربية السعودية

١٤٣٥ هـ



سَلَامُهُ اللَّهُ

سعادة مدير الرعاية الاجتماعية للمسنين - محافظة الطائف

السلام عليكم ورحمة الله وبركاته وبعد ،،،

بطيب لي أن أعبر لمساعدتكم عن تقدير القسم لحسن التعاون الذي أبدىتموه من خلال تسهيل مهمة مبعث القسم الأستاذ / خالد بن سعود الشريف خلال الرحلة العلمية التي قام بها لجمع المعلومات المتعلقة بدراسة الدكتوراة الموسومة "تأثير الدين على كبار السن القاطنين بدور الرعاية الاجتماعية بالمملكة العربية السعودية" . متمنيا أن يستمر التعاون بين قسم الخدمة الاجتماعية ودار الرعاية الاجتماعية في المستقبل.

ولسعادتكم وافر التكدير والاحترام ،،،

رئيس قسم الخدمة الاجتماعية

د/ محمد بن مسفر القرني

Ministry of Social Welfare
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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

المملكة العربية السعودية

المشروعات :
براسم



حفظه الله

سعادة عميد كلية العلوم الاجتماعية

السلام عليكم ورحمة الله وبركاته

أفيد سعادتكم بأن المبتعث/ خالد بن سعود الشريف (١٦٨ يو) جامعة ورك - المملكة المتحدة، قد أنهى الرحلة العلمية التي قام بها إلى المملكة وجمع خلالها المادة العلمية المتعلقة برسالة الدكتوراة التي بعنوان "تأثير الدين على كبار السن القاطنين بدور الرعاية الاجتماعية بالمملكة العربية السعودية". كمستطلب تكميلي للحصول على درجة الدكتوراة وذلك لمدة ثلاثة أشهر اعتباراً من ٢٠٠٢ / ٧ / ١ م.

أمل التكرم بالإطلاع وإكمال اللازم.

رئيس قسم الخدمة الاجتماعية

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جامعة أم القرى
مكة المكرمة ص. ب. ٧١٥
برقية : جامعة أم القرى مكة
تلكم : ٥٥٦٤٥٦٠ م. ك. جامعة
فاكس : ٥٥٦٤٥٦٠
هاتف : ٥٥٧٤٦٤٤ (٣٠ خطاً)

APPENDIX C
**Interview Guide, request for the consent of participants to the tape-recording of
their interviews and Participant's Semi-Structured Interview Schedule**

Interview Guide

Hello. My name is Khalid and I am here to talk to you as part of my research, which is on religion and older people living in nursing homes. The purpose of the interview is to understand the experience of older people with religion before and during their lives in nursing homes.

The interview is informal. There are no right or wrong answers and you do not have to talk about anything you do not want to. The interview will last about one and a half-hours; it can be shorter or longer, depending on how much you have to say about your experiences. Please tell me if you want to end the interview at any point.

With your permission, I would like to record the interview. When we have finished I will listen to the interview and write down our conversation. Nobody will listen to it except me. Moreover, if you would like the tape when I have finished with it, I will return it to you as soon as possible.

I would like you to tell me your life story, with all the events and experiences that have been important to you up until now. Include anything that occurs to you; you have as much time as you like to tell your story. I won't ask any questions for now. I will just make some notes on things you say. I would like to ask you questions later; if I do not have enough time today, perhaps in a second interview. Please start wherever you like.

Participant's Semi-Structured Interview Schedule

As was mentioned in Chapter 5, the third sub-session is regarded as a separate interview and is conducted at least a week after the first two or later, if possible. If the previous two sub-sessions did not generate enough data then a third sub-session should be conducted. In this session the interviewer asks direct questions around the main research topic, if they have so far not been commented upon by the participants (Wengraf, 2001). These questions as follows:

1. Can you describe what it was like for you when you moved into the nursing home?
2. How did you cope with feeling like that?
3. When you have had a difficult time in your life, what has been most helpful in getting you through this time?
4. How often did you attend or go to the Mosque before you came to the nursing home?
5. How important was it for you go to the Mosque?
6. How often did people in the Mosque help you, including financial, physical and emotional help?
7. Is there any difficulty in doing the same things that you used to do before? How do you deal with this?
8. How do you find living in the nursing home?
9. What kind of religious practice you do have here?
10. Do you feel religion can help you to feel better?
11. When do feel close to Allah?
12. What kind of worship or religious practice you do practise in the nursing home?

13. Do you find this helpful?
14. How often do you spend time in private religious activities, such as prayer, or studying the Qur'an?
15. How does that make you feel when you listen to the Qur'an?
16. Do you perform other religious practices in this nursing home?
17. Do you think about the future?

APPENDIX D
The topic guides for observation and the interviews with managers and social workers

Factors to be studied

Most of the materials shown below were taken from Appendix 3 of Baldwin, Harris, Littlechild and Pearson's study, as I found them useful factors to be considered in my research also (Baldwin et al., 1993).

General preparation for admission and activities

1. How did managers and social workers choose to work in a nursing home?
2. What are the advantages and disadvantages of working with older people?
3. How many residents live in these nursing homes?
4. What is the social policy in Saudi Arabia for older people?
5. What are the rights and obligations of older people in nursing homes?
6. What are the admission procedures for people to live in this nursing home?
7. Are residential staff involved in decisions to accept or reject applications for admission to their establishment?
8. What are the difficulties or problems which older men have in these nursing homes?
9. What places of worship are provided to older men in these nursing homes?
10. What kind of activities are provided and used by older men?
11. Do the residential staff check that family, friends, neighbours know the new address of a resident and are they invited to visit?
12. Is there a note made of existing links in the community?
13. Is there a discussion with the resident about which links they wish to maintain?
14. Are arrangements made to maintain links?
15. Is a social and personal history of the residents available to all relevant staff on admission?

16. What is the relationship between older men and religion in these nursing homes?
17. Do all the residents participate in the activities if these are arranged in these two nursing homes?

Relationships with staff

1. Do staff have time to spend with older men?
2. How is this time used?
3. How warm/accepting/personal are the staff's relationships with male residents?

Physical environment

1. Is there a balance of private and public space? Are small sitting rooms available?
2. What is the proportion of single rooms? Are there any rooms with more than two beds?
3. How accessible are the toilets? How long does it take to reach them? Are there any obstacles?
4. Are there any lifts?
If there are, are they adequate/reliable?

Choice

1. What choice can men residents exercise over food and drink?
2. Can the men residents move freely inside/outside the nursing homes?
3. Is there any flexibility about mealtimes, bedtimes and rising times?

4. Can men residents cultivate friendships?
5. What opportunities are there for men residents to continue or develop their individual interests or hobbies?

Privacy

1. Are toilets/bathrooms/bedrooms closed off? Do they have locks?
2. Do staff knock before entering older men' rooms? How long do they wait?
3. Are the arrangements for washing, dressing etc., adequate?
4. Can men residents spend time alone? Do they wish to?

Links with the community

1. Are men residents' links with the community maintained?
2. What links do the nursing homes have with the community?
3. Can men residents make their own arrangements for social activity?
4. Is transport or help available to take older men to the shops, the Mosque and to visit former friends and neighbours?

APPENDIX E
Old Age, Disability and Survivors in Saudi Arabia

Social Security Programmes Throughout the World: Asia and the Pacific, 2002

(released March 2003)

Old Age, Disability and Survivors' Pensions in Saudi Arabia

Regulatory Framework

First law: 1962.

Current law: 2000.

Type of programme: Social insurance system.

Coverage

Employees of all firms and self-employed persons.

Exclusions: Agricultural workers, seamen, domestic servants, those engaged in family labour and casual workers with less than 3 months of service.

Special contributory system for public employees.

Note: As of March 1987, foreign workers are no longer covered under this programme.

Source of Funds

Insured person: 9% of earnings.

Employer: 9% of payroll.

Government: Cost of administration during the initial phase, an annual subsidy and any operating deficit.

Maximum earnings for contribution and benefit purposes are 45,000 riyals a month.

Minimum earnings for contribution and benefit purposes are 400 riyals a month.

Qualifying Conditions

Old-age pension: Age 60 (men) or age 55 (women) with 120 months of contributions.

Entitlement to the old-age pension is also possible on reaching the statutory retirement age with at least 60 months of paid contributions plus credited contributions not exceeding 60 months.

Early retirement: Age 55 (men) with 120 months of contributions for those engaged in arduous or unhealthy work; any insured person before age 60 with 300 months of contributions.

Retirement from covered employment is necessary.

Disability pension: Incapacity for any work before age 60 with 12 consecutive months of contributions or 18 non-consecutive months of contributions. The disability must occur while the person is in insured employment.

Benefit is also payable with 120 months of contributions (including at least 60 months of paid contributions plus credited contributions not exceeding 60 months) if no longer in covered employment at the onset of disability.

Survivor's pension: If the deceased was in insured employment at the time of death with 3 consecutive months of contributions or 60 non-consecutive months of contributions.

Benefit is also payable with 120 months of contributions (including at least 60 months of paid contributions plus credited contributions not exceeding 60 months) if the insured was not in covered employment at the time of death.

Old-Age Benefits

Old-age pension: 2.5% of the average monthly wage during the last 2 years times the number of years of contributions.

The minimum pension is 1,500 riyals.

Refund of contributions: 10% of the average monthly wage for the first 60 months of contributions and 12% for any additional months, if the insured person is aged 60.

Permanent Disability Benefits

Disability pension: 2.5% of the average monthly wage during the last 2 years times the number of years of contributions, if in insured employment at the onset of disability (otherwise, see old-age pension, above).

The minimum pension is 50% of the average monthly wage or 1,500 riyals, whichever is greater.

Constant attendance supplement: 50% of the disability pension.

Refund of contributions: 10% of the average monthly wage for the first 60 months of contributions and 12% for any additional months, if the insured person is disabled.

Survivor Benefits

Survivors' pensions: 2.5% of the average monthly wage during the last 2 years times the number of years of contributions.

The maximum pension is 100% of the insured's pension when shared equally among three or more dependants; 75% for two dependants; and 50% for one dependent.

The minimum combined survivor's pension is 50% of the average monthly wage or 1,500 riyals, whichever is greater.

The minimum individual survivor pension is 300 riyals.

Eligible survivors: 20% of the pension is payable to each dependent son under age 20 (age 25 if a full-time student), a dependent unmarried daughter or sister and dependent parents; 40% for full orphans.

Refund of contributions: 10% of the average monthly wage for the first 60 months of contributions and 12% for any additional months, if the insured person dies.

For the death of a recipient of a non-occupational disability pension, the pension is split among dependants.

Marriage grant: If the widow or a dependent daughter, sister, or granddaughter of the deceased marries, she receives a grant equal to 18 times her monthly survivor's pension. Entitlement to the survivor's pension ceases on marriage but may be reinstated if she is subsequently divorced or widowed.

Death grant: A lump sum equal to 3 months' pension divided equally among the dependent survivors.

The maximum death grant is 10,000 riyals.

Administrative Organisation

Ministry of Labour and Social Affairs provides general supervision.

General Organisation for Social Insurance administers the programme through district offices. It is managed by a tripartite board.

Sickness and Maternity

Regulatory Framework

1969 law requires employers with more than 20 employees to pay 100% of wages for the first 30 days of sick leave and 75% of wages for the next 60 days.

Work Injury

Regulatory Framework

First law: 1947.

Current law: 2000.

Type of programme: Social insurance system.

Coverage

Saudi and non-Saudi employees of all firms.

Source of Funds

Insured person: None.

Employer: 2% of payroll.

Government: Annual subsidy and any operating deficit.

Maximum earnings for contribution and benefit purposes are 45,000 riyals a month.

Minimum earnings for contribution and benefit purposes are 400 riyals a month.

Qualifying Conditions

Work injury benefits: There is no minimum qualifying period.

Temporary Disability Benefits

100% of the daily wage (75% if under treatment at the expense of the General Organisation for Social Insurance in a medical centre). The benefit is payable until the insured person is able to resume work.

Permanent Disability Benefits

Permanent disability pension: Saudi insured persons receive 100% of the average monthly wage for the 3-month period immediately preceding the onset of disability, if totally disabled.

The minimum pension is 1,500 riyals a month.

Non-Saudi insured persons receive a benefit for permanent disability in the form of a lump sum equal to 84 times the permanent disability pension up to a maximum of 330,000 riyals.

Constant attendance supplement: 50% of the pension.

The maximum supplement is 3,500 riyals.

Partial disability: Saudi insured persons receive a percentage of the full pension proportionate to the assessed degree of disability. For a loss of capacity of less than 50%, a lump sum is awarded equal to 60 times the monthly pension for permanent disability multiplied by the actual percentage of disability.

Non-Saudi insured persons receive a benefit for partial disability in the form of a lump sum equal to 60 times the partial disability pension up to a maximum of 165,000 riyals.

Workers' Medical Benefits

Necessary medical, dental and diagnostic treatment; hospitalisation; medicines; appliances; transportation; and rehabilitation.

Survivors' Benefits

Survivors' pensions: 100% of the average monthly wage for the 3-month period immediately proceeding the date of death.

The minimum survivor's pension is 1,500 riyals a month.

The maximum pension is 100% of the insured's pension when shared equally among three or more dependants; 75% for two dependants; and 50% for one dependent.

Eligible survivors: Dependent sons, brothers and grandsons of the deceased under age 21 (age 26 if a full-time student); a widow, unmarried daughters, sisters and granddaughters; parents; grandfather and grandmother.

Marriage grant: If the widow or a dependent daughter, sister, or granddaughter of the deceased marries, she receives a grant equal to 18 times the monthly survivor pension. Entitlement to the survivor pension ceases on marriage but may be reinstated if she is subsequently divorced or widowed.

Death grant: A lump sum equal to 3 months' pension divided equally among dependent survivors.

The maximum death grant is 10,000 riyals.

Administrative Organisation

Ministry of Labour and Social Affairs provides general supervision.

General Organisation for Social Insurance administers the programme through the Occupational Hazards Branch

<http://www.ssa.gov/policy/docs/progdesc/ssptw/2002-2003/asia/index.html#contact>

APPENDIX F
Scheme of Transliteration of Arabic

Transliteration of Arabic Words

The system adapted to transcribing Arabic words into English is as follows:

Consonants

Arabic letter	Sound	Represented by
ء	sounds like h in hour - a sort of catch in the voice	'
ب	same as b	b
ت	the Italian dental, softer than t	t
ث	between the in thing and s	ṭ
ج	lime g in gem	j
ح	very sharp but smooth guttural aspirate	h
خ	like 'ch' in the Scotch word 'loch'	h
د	Italian dental, softer than d	d
ذ	sound between z and 'th' in 'hat'	ḏ
ر	same as r	r
ز	same as z	z
س	same as s	s
ش	same as 'sh' in 'she'	š
ص	strongly articulated s, like 'ss' in 'hiss'	s
ض	aspirated d, between d and z	ḏ
ط	strongly articulated palatal t	t
ظ	strongly articulated palatal z	z
ع	somewhat like a strong guttural hamzah, not a mere vowel	'
غ	guttural g, but soft	ḡ
ف	same as f	f
ق	strongly articulated guttural k	q
ك	same as k	k
ل	same as l	l
م	same as m	m
ن	same as n	n
ه	same as h	h
و	same as w	w
ي	same as y	y

Vowels

The vowels are represented as follows:

Short vowels:

- ˘ fathah as ‘u’ in ‘tub’ a
- _ kasra, as ‘i’ in ‘pin’..... i

Long vowels:

- ˉ long fathah, as ‘a’ in ‘father’ ā
- _ long kasra, as ‘ee’ in ‘deep’ ī
- _ long dammah, as ‘oo’ in moot..... ū
- fathah before wāw..... au
- fathah before yā..... ai

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